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# The Trained Aurse and Hospital Review

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NO. 1

### The Aursing of People of Moderate Means\* From the Viewpoint of the Physician

FRANKLIN W. BARROWS, M.D., BUFFALO, N.Y.

YOU have conferred a privilege upon me by your friendly invitation to speak to you to-day, and you have thrust a responsibility upon me by requiring me to represent the views of the profession to which I belong. I thank you for the privilege. At this moment it remains to be seen whether you will have cause to thank me for assuming the responsibility.

As usual, the nurse and the doctor have met together to consult about the patient, and, as usual, the patient is to have nothing to say about it to-day, although he may have his say later. There are more than two sides to every question -this has three. And while you and I are expressing our concern for the patient we know very well that beneath it all is a deep and strong undercurrent of concern for ourselves and our kind. This is right. It is the thought that inspired the counsel, "To thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man." If we tackle the problem before us in this spirit we will find that in the last analysis the interests of the patient, the nurse and

the physician must harmonize, because they are identical.

In order to treat this problem honestly and eliminate my own personal bias in so far as possible, I have invited the cooperation of some fifty or more physicians, selected somewhat at random, and representing all sections of the United States. In order to bring out most directly the facts and opinions germane to the problem, the following questions were propounded:

- 1. Do you know of many people who are, financially or otherwise, unable to secure the services of trained nurses in the event of illness, and who cannot be considered as objects of charity?
- 2. Do you think that trained nurses as a profession are performing their duty to this class of patients? If not, why not?
- 3. In your experience what care—medical and nursing—do these sick ordinarily receive, and at about what expense?
- 4. Would it be feasible for your hospitals to care for all these cases at an equal expense per patient? Please explain your answer.
  - 5. In your opinion what is the most

<sup>\*</sup>Read before the New York State Association of Nurses, Syracuse, October, 1907, and Contributed to The Trained Nurse.

feasible plan for improving the status of this class of patients, so far as nursing is concerned?

6. Do you wish that I should regard your answers as confidential, or are you willing that I should quote you?

Over forty physicians took sufficient interest in these questions to send me their replies. These have been carefully collated and will form the basis of this paper, which I would like to have you consider a symposium rather than an expression of my personal views. As I have received permission, I shall not hesitate to quote freely from these letters whenever it seems appropriate, rather than use words of my own.

In reply to question I, three-quarters of the answers give positive evidence of the existence of a large class of people, not usually ranked as dependents, who are unable to secure the services of the trained nurse in time of need. One physician says that four-fifths of his patients belong to this class; four others place the proportion as high as ninety per cent. A woman physician in a large city writes: "I am in that very class myself."

Only two doctors, a country practitioner in Nebraska and another country practitioner in Western New York, answer this question with a decided No." They both add, however, that the distance of the farmer from large cities, not his poverty, makes the employment of trained nurses almost impossible except in cases of "dire necessity."

It is, therefore, totally unnecessary to assume that a considerable proportion of the sick are, under present conditions, out of reach of the trained nurse. We know that this class exists in almost every community. It may be in order, however, to inquire who they are and how we may know them. As the stand-

ards of living are not the same in all communities, so, of course, the significance of the phrase "moderate means" changes in passing from place to place. A Chicago physician, in explaining this term, says: "I mean men employed in commercial establishments, tradesmen, small store keepers, even a certain percentage of professional men, etc." A woman practicing in a large industrial city says: "All persons who are supporting a family on \$8 to \$15 per week would come in this class." We note also that it is not always the lack of money that prevents these people from employing trained nurses. It may be that the family lives in one room, or that for some other reason it seems impossible to house the nurse, though we must hasten to admit that frequently the friends of the patient exercise wonderful originality and fertility of resource in contriving places for the nurse to sleep, if, indeed, it be thought necessary that she should sleep at all.

Before considering the second question, the obvious duty of the nurse to these unfortunate people, it will be best to proceed to the discussion of questions 3 and 4.

The replies to question 3 generally state that, so far as medical attention is concerned, these patients receive as good treatment as those of any other class. In many cases the physician collects his regular fee; in most cases he discounts his fee twenty-five to fifty per cent, and sometimes he gives his services without charge.

The nursing of these cases, on the other hand, is usually performed at little or no expense to the patient, by friends and relatives—"anxious and overworked members of their families," as one doc-

tor puts it-or, according to another, "some old woman that can be had for her board or very small compensation, the older woman commanding the greater confidence providing she isn't blind or lame enough to need a cane." In this connection one of our city correspondents reminds us that nursing by friends and neighbors "has gone out of fashion, making the care of the sick a problem for the trained nurse, physician and family to solve." Doctors are generally disposed to condemn the kind of home care just alluded to, although often obliged to put up with it and even to assist in it by teaching and admonishing the amateur as occasion seems to demand. Several doctors speak appreciatively of the eagerness and cleverness with which such ex tempore nurses—especially young mothers-receive every bit of instruction, but as a general thing they judge the amateur nurse by our modern high standards of nursing, and pronounce her incompetent.

If an effort is made to secure a paid nurse for the patient of moderate means, it usually results in hiring an untrained woman with more or less practical experience, as the phrase is, or some one who has taken a part of the regular training school course, or one of the products of the correspondence school or other institution which prepares women by some sort of short cut for this field of activity. The expense of this untrained or partially trained nurse will vary from \$5 to \$18 per week, her average wage being about \$12, according to my information. As a rule, this kind of nursing is regarded by the physician as unsatisfactory—a verdict not quite so severe as that which he would pronounce against the friend or neighbor who assumes the role of nurse in lieu of a better attendant. Several of my correspondents, however, testify that these nurses are very good; one physician—a woman, too-says that her \$12 practical nurses do better work under her personal direction than the trained nurses with whom she has been associated: while sevother physicians affirm that these nurses are worse than none at all. From all the evidence we are certainly justified in concluding that the really competent practical nurse is usually in such great demand that she asks and receives almost the same, if not just the same, wage as the trained nurse herself, and for that reason she, too, is out of the question in families of moderate means.

A few of the cases under consideration are fortunate enough to go to the hospitals for \$8 to \$12 per week. Others employ well trained hourly nurses at fifty cents to \$1 per hour and thus receive excellent service. A few accept the offices of trained nurses supplied to them by churches, societies, lodges, etc., and thus become, for the time, recipients of charity. In a few rare instances the trained nurse donates her services.

The majority of our correspondents would undoubtedly subscribe to the opinion of Dr. A. T. Bristow, of Brooklyn, that "there is no economy in employing nurses other than the regular trained nurse." It follows, then, that the class of patients under consideration are paying very dear for a very inferior service in the line of nusing.

Let us see now, in considering question 4, whether we can reasonably ask the hospitals to care for all these sick people without increasing their burden of expense. About 15 per cent of the physicians answer this question in the affirmative. Several believe that all surgical cases can easily be accommodated in their hospitals. One physician in Buffalo is sure that every acute case can find room and good care in the hospitals of Buffalo at no greater expense than would be involved in their homes, and he shows his faith by his daily practice. Two men located in small cities, in New York State and North Carolina respectively, believe that all cases in this class can now be accommodated in their hospitals at less expense than at home. On the other hand, fully three-fourths of the physicians replying are positive that all the patients of this class cannot be accommodated in their local hospitals. The reason commonly given is that there is not enough room at any price for all these people, and several answers imply very distinctly that there is no disposition on the part of their hospital authorities to increase their capacity for the accommodation of such a cheap class of cases, viz.: those paying \$7 to \$12 per week. Various causes are cited in support of the opinion that hospital care costs the patient more than home care. Again, in the rural districts it is simply impossible to expect hospitals to assume this work. In city and country alike, we will find the hospitals caring principally for the well-to-do and for the extremely poor. The man of moderate means finds the conditions existing there considerably below his inclinations, or else so high as to be out of reach. In short, we are led to conclude, in the words of Dr. James Tyson, of Philadelphia, that "it is not in the province of a hospital" to care for this class.

As might be expected, it is the chronic cases and the convalescents who suffer most from this lack of hospital conveniences. But we must add to these the ignorant and the prejudiced—those peo-

ple whose superstitions and narrowness keep them from many of the comforts of civilized life—hospitals and trained nurses included. The reflections of Dr. Clements, of Buffalo, on this class of patients sound almost like a caricature, but those of us who know are able to take them very seriously. He observes that many of these cases keep far away from the hospitals,

"For the reason that all would have to be classed alike, and some think they are better than their neighbors—came from better stock, or husband holds a better position—are better educated, etc., etc. Some would look upon a hospital as a butcher shop, others had rather go to jail, many would prefer to die first. Some would not go where they could not have their family physician, no matter how much more knowledge or experience the interne might have had."

Dr. Bristow, of Brooklyn, brings the same facts right home to us:

"There are reasons of prejudice, of taste and family reasons why these people either will not or cannot go to the wards of the hospital. How many doctors with modest incomes cross the Atlantic on a first-class passage, emulating the millionaire when they really cannot afford it! They ought, from their financial status, to take a second cabin passage. When they reach the other side they will travel third or second in the railways. Yet you and I would not take a second cabin passage across the Atlantic. The same reasons apply to the patient of modest means who is asked to give up his home and go to the hospital ward. You cannot change human na-

To sum up this matter, the majority of patients of moderate means cannot be treated in the hospitals under present conditions, and many of them would never go to the hospitals even if they could. The problem of their care is, therefore, the problem of home care.

We come now to the physician's idea of the responsibility of the trained nurse toward the patient of moderate means. and I will try to present a composite of the many varying answers to question 2. Considerably more than half of the replies say no to this question; but a close analysis of the arguments advanced in support of this answer shows that in most instances the author's no means yes. The gist of these negative answers is this: The trained nurse does not do her duty to these patients simply because she cannot afford to work at their price, while, on the other hand, she usually ges enough to do at her maximum rate.

It is an axiom in economics that the wealthy class has its rights as well as the poor class. Under the existing conditions of demand and supply the trained nurse finds herself, certainly through no fault of her own, so fully employed in the service of the well-to-do that she has little occasion, in many instances, to accept employment in the family of limited means. So far as this is true the nurse is fortunate. While several of our correspondents deprecate the commercial spirit which they fear is dominating the nurses as a profession, no one is so unreasonable as to suggest that their prices are exorbitant, even though they are prohibitive to a large element of society. The following statement by Dr. J. Whitefield Smith, of Bloomington, Ill., aptly expresses the sentiments of many of the writers on this point:

"When we come to consider the expense of living in our large cities, we must conclude that her remuneration is very meager, and for this reason the nurse cannot afford to do her work for less compensation than she is getting.

Her salary classes her in the same category as those of moderate means, and she is in no better position to offer her services as a charity than the classes of people known as those of moderate means are enabled to offer their earning capacity in any direction for less than they can command, or for half pay, or as a gratuity. Hence it must follow that because of such limitations, and in order for the nurse to rightly discharge the duty that she owes herself, she cannot afford to make a sacrifice to reach the middle classes."

Dr. Maude McConnell, of Indianapolis, writes:

"In my experience I have known but two nurses who did not have to earn their living. Physicians criticise nurses very severely for their lack of appreciation of the people of moderate means, whether justly or unjustly I am not prepared to say; but I often wonder if they stop to realize that a nurse cannot give a few minutes or an hour or two in a day, but, when she gives, must give all her time."

We might fill several pages with similar expressions showing that the physician does not demand or expect that the trained nurse shall give her time and her living for charity. Others testify that she does give. Dr. William H. Hodge, of Niagara Falls, says: "I have always found the nurses willing to care for this class of cases at a reduced rate." A country doctor in New York State says: "The average trained nurse makes greater sacrifices in every way than the average physician." In view of all these cordial expressions, and of many similar sentiments which we have not time to quote. let us credit the physician with a fairly good insight into the economic aspects of this problem, and a due appreciation of the present attitude of the trained nurse toward the general public.

#### Another View of Hospital Work Among the Poor

BY A R. N.

THE paper read by Jane Addams, of Hull House, at the convention of The American Hospital Association, inclines me to refute, balance or explain, instance for instance of these, the lavman's impressions. After an experience of as many years in hospital life as Miss Addams has had at Hull House, an experience from the different viewpoints of nurse in training, ward head nurse, night superintendent, superintendent of training school and superintendent of hospital, I feel justified in saying that, first, last and always, the patients' welfare is the hospital's chief concern: not only should it be, but it is.

I believe if all the patients who have passed under my observation, rich or poor, helped, cured or lost, could have left individual answers to the question, "Has the hospital done justly by you?" eighty per cent would have answered "yes." Of the other twenty per cent, eighteen would have been those who, from their own natures would not have been satisfied with any conditions, and the remaining two per cent—and I think it a very large estimate—the regrettable mistakes which will always occur while human organization and management remains the fallible quantity it is.

The Trained Nurse spoke editorially some time ago in reference to the common complaint that the comfort of the individual patient is sacrificed to the appearance of the ward, saying that the doctrine of the greatest good to the greatest number explained many seeming inconsistencies and giving, if memory serves me correctly, this order of considerations.

eration: First, the welfare of the whole body of patients; second, the welfare of the individual patient; third, the comfort of the whole body of patients, and fourth, the comfort of the individual patient. A moment's reflection shows this to be sound reasoning, ethically and professionally correct, although the patient's comfort, which often means his satisfaction in some trivial matter, is placed as fourth in order of consideration. We cannot expect every patient, nor every patient's friends, to appreciate all this, but we must pursue it as being the fair course, nevertheless.

I think the instance cited of the patient annoyed by the nurse folding sheets instead of waiting on her is well balanced by a happening in my own ward. Mr. Brown, convalescent from a fractured leg, was petulant, whining and always wanting something done for him. It was four o'clock, visitors just gone, leaving the ward in the distracting confusion of chairs out of place, spreads awry, tables littered with debris-every nurse knows. Miss A. and Miss B. came back from off duty, one to the dressings, the other to take temperatures, give medicines and put the ward in order; suppers came at quarter of five. Mr. Brown asked for a trifling thing, I think it was to get a packages of magazines left for him at the office. Miss B. said she would go as soon as she had time, but that she must put the ward straight first. "I suppose," said he, "if I were dying, you would put the ward straight." "I certainly would, Mr. Brown," was her only reply, and she did put it straight. I took

no notice, but I overheard some excited talking in Mr. Brown's vicinity. "She said she wouldn't do a thing for me if I was dying, and I'll report her," was one remark. When her work was done she went back and said quietly, but so others in the vicinity could hear: "For you or for any other patient, if dying, or if needing my care for serious or trifling matter I should do all that was requisite. but I could and should keep my ward straight also. Your jealousy of any act not directly contributing to your personal desire is a shame to the ward." It is not the province of the ward nurse to correct or discipline the patient, but it was a needed lesson well given. Not only Mr. Brown, but the whole ward benefitted by it.

I believe the complaints of the kind cited would, if thoroughly understood, be accounted for in large measure by the patient's jealousy of any act not directly contributory to his personal desires. Should we use no discrimination in what must be given precedence we would cause real suffering where now it is only the inconvenience of waiting one's turn in accordance with the real need.

The instance of the nurse telling the patient to keep still until the doctor came is laughable only. We do not criticize the mother who, when her children are all "cleaned up," admonishes them to be careful and not get all mussed up before company comes. We do not think her unreasonable, or that the children cannot enjoy themselves. The nurse is not severe or cruel when she tells her patients to keep their beds straight. A large proportion of patients who are well enough to take interest in things will be pleased to do it. The patient is more comfortable in a neat, straight bed than

with it tumbled, and if he is able he should help to keep it so.

The actual discipline of a ward of twenty-four patients is no small matter. and discipline in the ward is equally or even more necessary than when any equal number of people are handled as a whole. If individual proclivities were not restricted and uniform conduct insisted upon, pandemonium would ensue. The irate woman who insisted that I must not interfere if her husband wanted to lie with his head at the foot of the bed and one foot out on the floor would scarcely have wanted the patient in an adjoining bed allowed to "whistle because he felt like it," as he did feel like doing at 3 A. M. Her argument that it was "bad for sick people not to have their own way," was equally applicable to this case, however. To the sentimentalist the very word or suggestion of discipline in connection with these "poor sufferers" calls forth a tirade of indignation at our hardheartedness.

Perhaps a patient in one bed may not appreciate being patted and called "dear" while one in the next bed is one who is sorely troubled at the impersonal attitude of the nurse; which same impersonal treatment Miss Addams criticizes in another paragraph.

In a ward of twenty-four patients, constantly changing, the nurse must be a very versatile woman who adapts herself unerringly to the method of approach most pleasing to each individual. Nurses are taught that they should be "all things to all men." I trust I may be pardoned the flippancy of adding the impossibility of being all things to all women. Another instance:

One morning the colored woman in bed 14 said to me: "I jest does love that

little black haired nuss to fix me up. When I'm all done she gives me a little poke and says, 'Bress your gizzard.' " On the other side, in bed 10, was a maiden school teacher of some years, or more, and she told me that she thought Miss G. far too undignified for a nurse. She actually almost plays with that negro." I thought it would be more congenial all around if I sent Miss H., also of some years and once a teacher, to care for the teacher patient. They quarreled over how the bed should be made until I was obliged to report the nurse for unbecoming conduct and the patient for refusing to comply with hospital regulations.

As a general rule, the less sick a patient is the harder it is to satisfy him. Human nature is about the same article. and hospital patients possess their share in indirect proportion to the seriousness of their ailment. Why? I do not know. The sentiment that attaches itself to nursing, that establishes the standard of every want anticipated by the nurse, who is a beneficent, hardworking, omniscient angel, existing for the patient's comfort and happiness, receives a rude jolt from the practical sometimes. There were several critical cases in the ward, cases where immediate and continued attention was necessary to save life, but the pretty patient in bed 3, whose arm was in a sling from a hurt elbow, cried and complained bitterly because the nurse would not do up her hair in curlers in anticipation of the visiting hour. When she goes home and tells the story the layman will be very apt to sympathize and say: "Why couldn't the nurse do it for you? It wouldn't take but a minute. That's not the way to treat patients."

Our city has a home for fallen women and our maternity ward cares for the cases from there. Once with us they are

distinguished in no way from the other patients. Instance comes to mind of a young girl brought to us, the head of the home coming at the same time, to explain what she called the "wanton obstinacy" of the girl, who refused to give her own or her parents' name or address. This woman deemed it incumbent on her to give final admonition and reproof to the girl in this wise: "They will be good to you here, Jennie, not because you deserve it, but because we sent you here. You must keep your child ever with you. You'r punishment before the world," and more and more of the same sort before she left and, did it not sound undignified with reference to so important a personage, I should say that the nurses hustled her out. Miss K., who took the patient in charge, saw she was in a nervous condition manifestly unfitting her for the physical ordeal she must undergo, and cheered and sympathized with her. Jennie has told me since that when Miss K. gave her hand a squeeze and her shoulder a little pat and whispered, "Don't you care, it won't happen again"; unconsciously using the phrase that an older brother had used to comfort the hurts of childhood, she received her first bit of incentive to go on with her life and make herself a good woman. And she had been for two months in this "shelter," this "home!" We found a home for the baby. It will never know its parentage, it is true: but neither will Jennie's father. mother or brother know of that which would cause them intense grief and shame. Jennie's sin is not before the world. She may make a good woman; we thought she was worth the chance. Would the home have helped her more than the criticized "impersonal treatment" of the hospital?

"The long-delayed operation" couldn't

have happened in any of the hospitals I have chanced to be connected with. There was a faulty system to account for it; but granting it as true and a most unfortunate occurrence, and the hospital utterly at fault, has the hospital ever received credit for the hundreds of times it has acted promptly and efficiently in just such cases? That is its duty, I know, but is there ever any system whatever its intent or completeness but that "falls down" sometimes?

Hospitals are criticized most sarcastically for sending out patients too soon. Convalescents are not sufficiently considered. Would the criticism be less severe; the hospital considered less culpable, if it was found without room for the patient brought to its door? A small hospital with which I was for a time associated was accused of keeping its patients too long for, it was said, if the hospital were full a new case must be cared for at home and the doctor get a fee; that was the argument. I give it for what they thought it was worth. It all depends on the point of view.

Hospitals seem to be able to please some people all the time; most people much of the time, but charity casesnever. I will qualify that and say almost never. For the truly worthy and appreciative recipients of charity are not an inconsiderable number, though they are an almost inconsiderable percentage. I kept a complaint book for one year, recording every complaint made to me as superintendent and many others made or reported non-officially. Twenty per cent of the complaints were exactly offset by another twenty per cent whose complaints were of exactly the thing asked for as a remedy in the other cases. Fiftyeight per cent of the complaints were made by charity cases, and this in a hospital where the patients were the usual proportion of pay and charity cases which a medium sized city furnishes. All were treated alike, neither nurse nor house doctor knowing whether cases were on a pay or a charity basis.

Once when I was speaking to my nurses on the avoidance of slangly inelegant hospital parlance. I had occasion to reprove the use of the term "C. C." which was being used to indicate a refractory or disagreeable patient, and variously interpreted as "cranky case," "contrary customer," etc. To me it read charity case, so plainly; and so synonymous was that reading in my mind with the current interpretation of the letters that I actually feared my ability to make the lesson a forcible one. I do not feel that my spirit or the spirit of my hospital is "a little less human, a little less courteous to the recipient of charity." I am not hard on the recipient of charity as such, but I am hard on those most despicable of human characteristics, false pride, jealousy, selfishness and thanklessness that walk hand in hand with the charity case. I have been taught and been teaching for many years that the duty, the province, of the nursing profession is to alleviate suffering, regardless of character or condition of the person who at that time represents the reason for the profession's existence. The patient's need, not his worthiness, is our concern, and I believe that hospitals and our profession of nursing as a whole live up to that ideal in spirit and in letter.

The education and importance of the interne and of the pupil nurse come in for their share of sarcastic comment. Of the interne, if any other system can be instituted whereby equally efficient or

better service can be furnished on a practicable economic basis, hospitals would no doubt be ready to accept it. There are internes and internes, differing just as the same number of men in any other position will differ. To the hospital he is one factor to be amalgamated into the whole composition; not the person of authority and importance that he seems to our patients or our critic.

The pupil nurse and her relation to the situation is a subject on which the leading minds of the nursing profession are thinking deeply, and on which I will not venture to express one thought.

I remember a little hand-wrought card-board motto, a treasure of childhood. The cross stitches of wool formed the admonition, "Be not weary in well doing." After twenty years of working I wonder if I have lost power to live up to my motto when I feel weary, literally tired at the lack of comprehension of what we do. Or is it that all the time I have not been "well doing" and need the "layman's view" to aid me. Perhaps, but we will jog along according to our own conception of things a little while longer.



THE DOCTOR, BATTLE HARBOUR HOSPITAL.

#### Battle Harbour Hospital in the Frozen North

FELIX J. KOCH.

O F course we had heard much of it—
the famous hospital established
away up among the icebergs on the
coast of Labrador, for the twenty thousand odd fishermen inhabiting that coast
in the Summer, and how, out from it and
its sister hospital at Indian Harbour, Dr.
Grenfell made his flying trips up coast
and down to visit the sick and bring the
very ill on his vessel to these shelters.

It was therefore not without a feeling of badly suppressed interest that we neared Battle Harbour.

There was only the one boat to take, and it a sealer, plying from St. John's, so just the respite from her decks proved welcome. Ten minutes past ten we were approaching Battle Harbour. It was a long, rough, rock-lined coast which unfolded. Mountainous hills for background and on these what seemed glacial scratches. At one or two points one saw a house, the "town," as it seemed, was in a nook of the hills, otherwise only the palisaded mountains rose from the waves that broke on the shore. At their feet was the ice choking the beach, though we were in mid-August.

We could see the harbor trending farther along on the left; on our right the ocean was filled with bits of floating ice. In this *glace* one or two skigs lay at anchor.

Bays opened off with great floating masses of ice. Beside the shore there was rock alone, and in it queer stripings of pink granite.

We could see bergs everywhere. One huge iceberg had assumed a cone shape. Next another circled about, these of a magnificent blue-green, with a few ridges upon them and, again, serrated as was the palace of the ice king in one of *Andersen's Fables*.

Behind again were the grim rocks, with a few islands and an iceberg of a pretty, clear-cut form, much like a huge block of ice of purest white. Over on the right rose another, in fog, with the sun melting this at its top and causing all manner of vapor. To right and left are these, one square the other pointed. Then still again, we see low ridges of ice like a reef. A ship lay here bound for Hudson's Bay.

As to the Harbour itself, it was blocked by rock islands, and on these there stood what seemed wigwams of poles, really the trestling for the fish-flakes. A bit of a cottage and a frame house; then behind, the settlement of Battle Harbour and the Mission Hospital, a neat two-story frame standing well above the shore.

It was twenty minutes to eleven when we cast anchor. The mail and the men went ashore in the dory.

We would row by an island with a little teepee of poles and bearing a small shack, with moss on its roof, to the mainland of Labrador. It was our first landing on that coast.

All in all, it seemed there might be twenty houses, of white with black roofs sloping from the centre down to front and rear. A door between two manipartite windows. There was a church with red decoration, and a school with three, queerly pointed windows.

Farther along, inside the harbor, there

were no houses at all, thanks to the rocks, but here innumerable schooners had anchored.

All of the settlement therefore lay on the left as we rounded in against the steep rocks; and here, too, was the goal, the two buildings of the *Deep Sea Mis*sion.

Bungalows in style were these and on the outer wall, across the two, there ran the familiar: "In-as-much as Ye Have Done It Unto the Least of These." and cord, and cases of endless content.

Then we were led back to the hospital and taken in, to a central hallway at right and left of which reception rooms opened off.

At one side was the "sisters' reception room," and here an organ and a table. An American flag was among the pictures on the wall. On the floor, skins of the fox caught the eye.

On down the central hallway we came to the dispensary. Then to the waiting



A LAND OF BERGS.

On the veranda an Eskimo boy, in hood of white—this edged with fur, where the cape fell on the back—and coat as white to match, sat on the rail.

Through the door of this hospital one saw inside great rows of plants, marigold, geranium and begonia, while from it we could overlook the great fish-flake to the town.

It was cold, though the mercury stood at sixty degrees, and one was glad to step inside.

First, however, we must visit the store that served for post office. The shop was very dark, indeed. Half-way down the centre a great counter of some dark wood extended, and on this there were boxes of fish hooks and canned foods

room, with benches to right and left. Out by a rear door we passed into the other building of the hospital—the hospital proper, it might be called.

In the "ladies' room," as it is known, are white iron cots; on the walls there are cards bearing Biblical inscriptions.

Two women are patients here, and a nurse in black, with apron of white, attends them.

The doctor shows us a little girl, bitten by the savage Eskimo dogs. There are many cases such as this, and so Dr. Grenfell, of Deep Sea Mission fame, is advocating the abolition of the dog in favor of the reindeer.

In this case the dog had almost torn the leg off the child. It is a strange fact,



BATTLE HARBOUR.



THE HOSPITAL.

the doctor says, that these dogs produce no hydrophobia, and that they do not bite in the same way as does the regular canine, being really more wolf than dog.

The doctor here is a young Scotchman, and his white flannel jersey and cap and his Scottish accent strike one curiously in the far Labrador.

He is telling of the one or two cases they have from the dogs each year as he leads the way up the rubber-topped stairs, and we pass a graphophone on the landing to the second floor.

A very modern operating room is located here, all of the walls done in what seems white linoleum. At the centre a very up-to-date operating table is placed. In a corner there is a white enamelled bottle rack.

We go into the men's rooms. The cots here have the red and white striped blankets, and the walls are of wood. On

them are inscriptions from Scripture on placards.

Back again in the parlor we see over the mantel some young séals and some mounted gulls; rugs of skin are on the carpet.

They requested our autographs—they have those of Root and Peary; it is almost steamer departure time, and we must return to the wharf.

We bring the kodak into play. Out on the edge of the harbor, with the sun on the water, the line of rocks about, the great fish flake and the ice close in shore, one gets some striking pictures. It is warm and balmy now, almost hot, as one climbs the heights behind the town to the Marconi tower there.

We saunter about, half aimlessly, and again snap-shot the young Eskimo. Then, five minutes past noon, in the lovely sunlight on the water, again we go aboard

#### Care of Matted Hair

D o not worry if your patient's hair is becoming badly tangled and matted and she is not able to have it combed.

Use white vaseline freely each day until the hair is thoroughly saturated, then when your patient is able commence at the ends of the hair, using the fingers more than the comb, and work gradually towards the scalp. Never use the comb next to the scalp until the tangle has

been straightened. You will be astonished what wonder can be accomplished with an apparently hopeless tangle of hair.

I have never yet seen hair I could not untangle without scissors or discomfort to the patient, and I have met some knotty problems in my twelve years' practice among fever and nervous patients.

#### The Value of Parliamentary Law on the Floor

CORA WELLES TROW.

THE desire to have her own way is inherent in the breast of every woman. It may be the right way, or it may be the wrong way; whether it be right or wrong is not the point at issue. it is her way and she wants it. We are sorry to admit it, but the average woman who attends the average meeting is not. as a general rule, influenced as much by logic in forming her opinions as she is by sentiment. "I know," said a woman recently, "that the chairman of that committee has not done an earthly thing, but I am going to move that we give her a vote of thanks for her efficient work. because it is a nice, graceful thing to do. and you know she is a dear, even if she is inefficient."

The woman who attends the meetings of any organization generally does so from mixed motives, she wants to know what is going on and she wants to be amused. As a rule she takes very little interest in the business part of the proceedings, and only feels bored when asked to consider some detail in which she is not interested. Some day she wakes up to the fact that there is something she would like her organization to do, some course of action she would like it to pursue. The thing seems so attractive to her that she never doubts it will be carried. She proposes it and her suggestion having been seconded and then as a motion repeated by the chair, the opportunity for discussion is given. The president calls attention to the fact that the mover of the motion is the one who should first speak to it. Our friend rises in a very embarrassed condition. She explains that she had not intended to speak, is not prepared to speak, does not know really what to say, and after consuming a good deal of valuable time, sits down without saying anything.

An opponent of the motion rises and in a few well chosen words speaks against it; the motion is lost and the lady proposing it goes home alive, for the first time, to the fact that it is essential to have a reason as well as an idea. The President of the United States remarked many years ago that the man who understood parliamentary law was the man who controlled the meeting, and it is just as true to-day.

The proceedings of a meeting are under the direction of the presiding officer, the action taken at the meeting is under the direction of the people composing the meeting; that is to say, a majority vote decides. To be able to speak in such a manner as to influence the vote, is the first requisite necessary for the obtaining of your own way; therefore it is one that should be cultivated by all women.

When any motion comes before the meeting it is called the question before the house, and remains there until answered. The answer may be deferred, but sooner or later the question is answered. All such answers are obtained by taking a vote. The simplest method is to ask for the ayes and noes. The presiding officer says: "All in favor will say aye; opposed, no." Then she announces the result of the vote by saying, carried or lost, as the case may be, and all motions except those that are with-

drawn are entered in the minutes with the result of the vote taken.

It frequently happens that a motion is introduced that is unpleasing to many present, and vet seems liable to be carried because of a general disinclination to oppose it. In this case it is wise to move to lay the motion on the table. motion admits of no discussion, and is often a welcome escape from a trying situation. The motion may be taken off the table at any time and further discussed. If, however, you feel that the motion is not being intelligently discussed, it is wiser to move a postponement of the question and when the time arrives to which it is postponed, be prepared to speak to it in such a manner as will bring about the result you desire.

Parliamentary law is nothing if not polite, and every breach of good manners is also a breach of parliamentary law. As children we were admonished not to speak unless spoken to, and as children of a larger growth, the admonishment still holds when we are attending meetings. No matter how tired you may be of a discussion don't call "question"; it only proves you a badly behaved person. If you want discussion to close you can call for "the previous question," and if that obtains a two-thirds vote, the question before the house is immediately put to vote.

A good presiding officer will be able to determine the time to close discussion, and she may then say, "Are you ready for the question?" It is now in order for you to say "question," you having been spoken to. If, however, there is one objecting voice, the presiding officer must take the vote of the house as to whether discussion shall close or continue.

Politeness further teaches us that we

should always rise when we address the presiding officer, and never address the house until she has introduced us by repeating our name. Having thus obtained the floor, we can introduce the matter we have in mind. There are a great many "don'ts" to be remembered. Don't begin by saving why you are going to make the motion you intend to introduce. Say "I move" thus and so, and then when the question is open to discussion, tell why you have brought the matter up. Don't say, "It seems to me." Every one knows as soon as you rise how it seems to you, as you have to speak either for or against the motion. The question is not how it seems to you, but how you want it to seem to your hearers. Don't speak in such a low voice as to make it impossible for all to hear. Don't speak too long. Don't get up to speak on one subject and speak on another.

If you do the last of these you are liable to be called to order. A member can then rise to a question of order and ask the Chair if your remarks are relevant, or the Chair can call you to order. Remember that the time consumed by the meetings belongs to the members present, and must be devoted by them to the legitimate pusiness they have come together to transact, and anything irrelevant to the business before the house is out of order.

When a motion is being discussed that you like but feel to be inadequate, amend it. This you can do by suggesting a change in the wording, but your amendment must be germane to the matter before the house. When the first Continental Congress was in session a motion was introduced to the effect that a sum of money should be appropriated to pay the soldiers serving in the army. An amend-

ment was suggested that the money should be appropriated for harbor defense. This caused a heated discussion and resulted in the passing of a law that all amendments must be germane to the sense of the main motion or, in other words, the question to be amended. You may amend a motion and then amend the amendment, and when the vote is taken the second amendment is first put to vote, then the first amendment, and finally the motion as amended.

It is the duty of every member present to vote when the vote is called for. To refrain from voting is simply to brand yourself as a woman without an opinion and therefore of less account than the chair upon which she is seated. If the presiding officer is assured that all the members are not voting, she can request them to vote, and each one must then vote or give some adequate reason why she is unwilling to express her opinion.

Very frequently people attend meetings and hear motions passed of which they do not approve, they say nothing and refrain from voting. After the meeting they are apt to say, "I did not approve of the measure, and so did not vote for it." They are evidently ignorant of the fact that all who refrain from voting may be counted on the prevailing side.

If you are a member of any organization, remember it is your duty to keep yourself informed as to what it is doing, and if something is proposed of which you disapprove you must say so. A lawsuit was lately brought against a women's organization to collect a bill, and the defense set up was to the intent that, while the vote to incur expense was carried, many members present had disapproved and had refrained from voting. The judge ruled that this defense was inadequate and that the members by their silence had practically acquiesced. Remember that at all times you are reasoning human beings and that parliamentary law is designed to allow you to demonstrate that fact when you are attending a meeting.

#### A Practical Point

A CONTRIVANCE easily made, and very useful in nursing cases where the patient is to be kept in the semi-recumbent or sitting position, as, for instance, in pneumonia, or in operations on the upper abdomen, is arraned by taking a broomstick with the broom part sawed off. Wrap around this stick a blanket, large pillow, or something to make it resemble a knee bolster. Place this under

the knees of the patient, and to each end of the broomstick attach a stout cord, which may be securely tied to the bedposts at the head of the bed. This will add to the comfort of the patient in preventing the constant sliding down which is so difficult to prevent. It will also save the nurse a great deal of tugging and lifting.

#### Infant Feeding

(Continued)

MYER SOLIS-COHEN, A.B., M.D.

SUBSTITUTE FEEDING.

MOTHER, denying her baby its right to be provided with the best nourishment, may be unwilling to nurse it. Others who would gladly suckle their infants have no milk at all, or but a little, and that only during the first weeks after confinement. Sometimes after flowing freely for several months, the milk suddenly stops. Certain conditions in the mother may render her unable to nurse her child. When she is ill, when her milk disagrees with the baby, when she becomes pregnant again, and when her system is being drained and her health injured by prolonged lactation, the child should be removed from the breast. In all these cases, and when the mother dies, resort must be had to substitute feeding.

Human milk, which unquestionably is the best food for a baby, may still be given by the employment of a wetnurse.

The Wet Nurse.—The choice of a wet nurse is a most important matter. The woman must be strong and perfectly healthy, and should have well-shaped nipples and firm breasts containing an abundant supply of milk. Personal qualities should also be taken into consideration. The wet nurse should be even tempered, amiable, temperate and reliable. She should suckle only her foster-child. Her life and diet should be regulated according to the hygienic rules laid down for the nursing mother.

Substitutes for Human Milk.—Where it is impossible to employ a wet nurse

some substitute for human milk must be provided. Both ass's milk and mare's milk resemble human milk; but they rarely can be obtained and they are likely to be very expensive. The milk of the goat is more like that of the cow and has little advantage over it. Cow's milk, being most easily procured, is the substitute generally employed. In its natural state, however, it is unsuited to the baby's digestion. Therefore, before it can be given to an infant, it must be modified so as to resemble human milk.

Modified Cow's Milk.—There many different methods of modifying cow's milk. With the more common of these, and with the reasons for employing them, a nurse should be familiar, so that she will be able to prepare bottles for any physician and to understand the principles or theories underlying the modification he directs. The object sought is always to follow nature as closely as possible and to provide a food that resembles human milk in its nutritive value, in its behavior in the infant's digestive tract, and in the manner and condition in which it is supplied to the child.

Cow's milk differs from human milk in many ways, chemically, physiologically and bacteriologically. The chief difference lies in the character of its proteid, which in the one is especially adapted to the digestive tract of a child and in the other to that of a calf. To appreciate this difference it will be necessary to refer to the chemistry of the proteid, to the process of digestion and to the development of the digestive tract.

The Difference in the Digestion of Cow's Milk and Human Milk.—The stomach secretes rennet, hydrochloric acid, and pepsin.

There are two kinds of proteids in milk, one that forms curds, known as casein, and a portion remaining always soluble called albumin. The albumin is not affected by chemicals; moreover, it is readily absorbed from the alimentary tract without undergoing further digestion. The casein, on the other hand. forms chemical compounds with both acids and alkalies. In fresh milk, casein is always in combination with lime or calcium, forming calcium casein. This calcium casein when acted on by rennet in a weakly acid medium is changed into calcium paracasein or junket clot. (Junket, or curds and whey, the familiar dessert, is cow's milk in which the casein has been changed into paracasein by the action of rennet.) The curd thus formed differs in its character, depending on the kind of milk acted upon. The milk of animals, such as the cow, whose digestion takes place principally in the stomach, curdles in large solid masses, which cannot easily leave the stomach until digested. The milk of a woman, whose digestion occurs partly in the stomach, and partly in the intestines, forms finely divided, flocculent curds, which are ready to be passed into the intestines at once.

These paracasein curds formed by the action of rennet are not themselves acted upon by pepsin. They do combine, however, with hydrochloric acid to form chlorid of paracasein, a compound which is readily acted upon by

pepsin. This new compound, chlorid of paracasein, also assumes a different character in cow's milk and in human milk. In the former it occurs as large, tough curds; in mother's milk, on the contrary, the curds are small and flocculent.

The Development of the Digestive Tract.—At birth an animal's digestive system is not fully developed. The colostrum, which is the first food to enter the stomach, requires little digestion, as it contains no casein and hence forms no curds. Consequently, at first the stomach secretes little digestive juices. Later, as the milk begins to displace the colostrum, the digestive juices begin to appear and the stomach and intestines gradually assume their functions. Human milk is eminently fitted for the development of the baby's digestive system, of which the intestines are the most important part. Cow's milk, on the other hand, is primarily intended to nourish and to develop the digestive tract of a calf that grows and develops much more rapidly than a baby, and, consequently, requires more proteid. This proteid of cow's milk being intended for digestion in the stomach, forms large solid curds that cannot readily leave that organ. Consequently, before cow's milk can be used for infant feeding it must undergo some modification that it may be adapted to the needs of an infant whose digestion takes place principally in the intestines.

How to Alter the Character of the Casein.—The casein in cow's milk may be altered chemically or mechanically. It will be recalled that rennet acts on calcium casein only in the presence of a weak acid. Consequently the addition of an alkali, such as lime-water or sodi-

um bicarbonate, will prevent the formation of any curd at all until the alkali has been neutralized by the acid in the stomach. While this neutralization is going on part of the uncurdled milk escapes into the intestines to be digested there. By varying the quantity or strength of the alkali added we can regulate the amount of work to be done by the stomach. A small proportion of alkali will permit the greater part of the milk to be digested in the stomach; a large amount will throw all the work on the intestines, relieving the stomach entirely. The alkalies, however, have a further action. They themselves enter into combination with the calcium casein, forming basic calcium casein, Sodium bicarbonate, moreover, is what is called an antacid, any excess present serving to neutralize the acid that is secreted by the stomach.

Citrate of soda is thought to unite with the calcium casein of milk to form sodium casein, a compound that will not form a curd when acted upon by rennet. Consequently milk to which sodium citrate is added is believed to remain fluid in the stomach. Recent investigations have demonstrated that probably sodium citrate has the same action as a like amount of sodium chlorid or table salt.

The lactic acid present in fully soured milk and buttermilk combines with calcium casein to form lactate of casein, which appears as a soft, friable, easily digested curd that is not changed by rennet.

The giving of casein may be avoided entirely by feeding whey, the proteid of which is in the form of albumin, that portion of the proteid that is not acted upon by rennet and fails to curdle.

The character of the curds formed by rennet may be modified mechanically by diluting the milk with decoctions of the cereals, such as gruels and dextrinized gruels. When the milk is thus treated the curds formed by the action of rennet become soft and flocculent. Even diluting with plain water tends to render the curds less tough and large.

Chemical Differences Between Human and Cow's Milk.-Not only does the proteid of cow's milk differ from that of human milk in its physiological characteristics, but it is present in a much larger amount. It will be recalled that human breast milk contains only about one and a half per cent of proteid. In cow's milk, on the other hand, the proteid is as high as three and a half per cent. Consequently, in feeding an infant cow's milk some method must be devised for reducing the amount of the proteid. There is less sugar in cow's milk than in human milk. The fats are the same. A comparative analysis of human milk and cow's milk shows the following:

Pe. of Pe. of Pro. Min'l Mat'r.

Human milk. 4.00 7.00 1.50 0.20

Cow's milk. 4.00 4.75 3.50 0.70

Bacteriological Differences Between Human and Cow's Milk—Human breast milk is free from bacteria and their poisons. Cow's milk, as ordinarily found in the market, is loaded with bacteria, the number depending on the care with which it is collected and handled. It is these bacteria and their poisons that are largely responsible for Summer complaint and the intestinal disorders of infancy. Herein lies one of the principal reasons for the undeniable superiority of breast feeding over bottle feeding. Naturally, before giving a bot-

tle to a baby means must be taken to prevent or destroy these bacteria.

The Preparation of the Bottle.—The principles of modified milk feeding just explained are utilized in preparing the baby's bottle. As to the exact measures to be employed in modifying the milk opinions differ even among distinguished pediatrists. A nurse must be acquainted with the various methods and be able to put them into practice intelligently. When nursing under a physician she should have no opinion of her own, but must follow out the attendant's orders faithfully and conscientiously. She supplements the physician who alone is responsible for the feeding. He is supposed to know, and so far as the nurse is concerned he does know. Any criticism expressed, or implied, or even suggested by look or manner, whether in the presence or absence of the physician, totally unfits a nurse for her proper sphere of carrying out that part of the physician's treatment which he is unable personally to attend to.

The Milk Supply.—No matter what method of modifying the milk is adopted, certain things are always necessary. It is of the greatest importance that the milk should be pure, fresh and germfree. Germs or bacteria get into the milk with dust and dirt during milking, and from dirty utensils after milking. They can be kept out of milk to a great extent by absolute cleanliness of cows, stable and milkers, and by rapidly cooling the milk and keeping it cool.

The stable must be well ventilated, lighted and drained and kept clean. The room in which the cows are milked should not have feed stored in or above it. The cows should be kept well groomed and before each milking should be care-

fully wiped with damp cloths. The milkers should wear fresh, clean clothes, preferably of washable linen or duck, and before milking should scrub their hands thoroughly with soap and warm water and dry them on a clean towel. The milk pails must be scrupulously clean, best sterilized. The first few streams from each teat should be discarded, as they usually contain bacteria. The milk of each cow as soon as obtained should be immediately removed from the stable to a clean room and there rapidly cooled. It then should be bottled at once in sterilized bottles.

All dairymen are not willing to observe the directions just enumerated. One, therefore, should purchase milk only from reliable milk dealers who are known to supply good and pure milk. In many cities medical societies issue certificates to all dairies conforming to their rules and whose milk whenever examined shows the proper richness and freedom from bacteria. This milk is known as "certified" or "inspected" milk, and although more expensive than milk not certified to is much safer. When the milk cannot be kept cool and when it cannot be delivered before it is at least twenty-four hours old, it should be pasteurized or sterilized on the farm after bottling. This will destroy any germs present in But such milk when once exposed to the air becomes contaminated much sooner than fresh milk not so treated. because the sterilization and pasteurization kill not only the dangerous germs but also certain bacterla whose function is to fight the dangerous organisms.

Selection and Care of Bottles and Nipples.—The nursing bottle should be

smooth inside and without angles or depressions, so that it may be easily cleansed. As soon as the baby has finished with it, the bottle must be emptied of any milk that remains, rinsed well and placed in a strong solution of washing soda and water. Every evening the bottles should be removed from this solution and scrubbed inside with a bristle brush. In the morning, just before being filled, they should be boiled.

(To be continued.)

#### Little Raymond

BERTHA E. MERRILL.

H E was eight years old, and, although the street corners and alley ways had been his playground, he was singularly free from the coarseness of speech and manner that such environments usually bring. His nature seemed to have gathered endurance and independence from the life he had known without absorbing the dross; at the same time keeping a childish faith and simplicity that made him very attractive.

He was his widowed mother's help and comfort, and it was while on an errand for her that, in getting off the street car, he had slipped and the merciless wheels had made him a cripple for life.

His courage and patience during the long weeks of suffering, and his quaint remarks, endeared him to every nurse in the ward. We all dreaded the time when he must be told of the calamity that had overtaken him, but when it had been gently told him he looked down at his remaining leg, still discolored from the bruises, and said in a low, awestricken voice, "Wouldn't I have been in a dreadful fix if I'd lost 'em both?"

Christmas, with all its mysteries and festivities, was drawing near, and in the children's ward there were many plans, speculations and anticipations. Christmas eve, as I was putting the ward in order for the night, he called me to his bedside, and, giving me a couple of toys that some one had brought him that afternoon, requested that they be put on the floor under his bed, "just as near the middle of the bed as you can," he said. "Let me arrange them nicely on this table at the head of your bed," I suggested. "Under the bed is not a good place for new toys." "No, no," he plead-"Please, Miss M., put them under the bed, just as near the middle as you can, and then come here and let me whisper the reason why." I complied with his request, and he drew my head down to his face and whispered: "Don't you see, if Santa Claus were to come in the night and see those new presents on the table he would say to himself, 'Why, I must have been to this little boy before to-night,' and he would go away and never leave me a thing."

#### Bacteriology

CLARA FOSTER, R. N.

(Continued from December.)

A MONG the bacilli, those of the greatest surgical interest are:

The Bacillus Pyocyaneus, which is the cause of the green or blue color which we sometimes see on dressings saturated with pus. Fortunately this bacillus is not as dangerous as its appearance leads us to suppose. We read that "in hospitals true epidemics of blue pus have been observed."

The Bacillus Tuberculosis was discovered by Robert Koch, and may be regarded as one of the greatest medical discoveries of the age. It is a small slender rod, possessing no power of motion. It stains easily by several methods, but it is almost impossible to discolorize the cells. This, and its great power of resistance, form its chief distinguishing characteristics. It is this bacillus which is the cause of tuberculosis of the lungs, and there is not a tissue in the body which may not become the primary seat of tuberculosis. The bacillus is found in all tubercular tissue and in the sputum of all tuberculous patients. It is also found in milk, butter, and in meat from tuberculous animals. The milk from tuberculous cows may be a means of transmitting the disease. Local tuberculosis has been known to follow direct inoculation of wounds, but this is rare.

The most common means of infection is by the inhalation of air laden with dried tubercular expectoration. It is found wherever human beings are crowded together, in the dust of streets, vehicles, rooms, etc. The bacilli con-

tained in the sputum of tuberculous patients are very resistant to all forms of disinfection. Formalin and bichlor of Mer. kills them after a short time, but they will resist a five per cent sol. of carbolic acid for hours. Burning, before it is dry, is the only safe way of disposing of the sputum of tuberculous patients, or of anything with which it has come in contact. The culture die quickly in sunlight, and we learn that Koch saw them die out in from five to seven days by simply placing them at a window.

In view of these facts, too much stress cannot be laid upon the necessity of pure air and sunlight, and the need of absolute cleanliness. If it is borne in mind that at least one-seventh of the human race succumb to some form of tuberculosis, a slight idea may be gained of the importance of this bacillus and the need of general knowledge as to its method of dissemination.

The Bacillus Tetani.—Specific cause of lockjaw, is a rod-shaped organism, sometimes short, sometimes occurring in long threads and occasionally forming chains. The spores are very resistant to heat, and six days' exposure to direct sunlight is necessary to kill them. It is found in garden soil, in the feces of herbivorous animals, in hay, dust, etc. It has been found in cartridges and on cobwebs. In disease it is found in the infected wound, which is usually purulent. Tetanus may follow any wound, however slight, but is more likely to follow a deep punctured wound, such as those

made by nails or splinters, especially if allowed to close early. This is an anaerobic microbe and cannot grow where there is oxygen. The necessity, therefore, of thoroughly cleansing all wounds, and the risk incurred in closing them with collodion, adhesive plaster, etc., is plainly apparent. This disease was far more prevalent before the days of asepsis and antisepsis.

The Bacillus Anthracis or Anthrax bacillus has the distinction of being practically the first pathogenic microbe to be isolated; also, the spores are the most resistant to heat of any known. It is a large rod, often found in pairs, or chains. It is found only where diseased animals have been. In man it is frequently fatal, appearing first as a small carbuncle, and from this, rapid general infection ensues. All the glands of the body become enlarged and many of them suppurate. It frequently destroys large herds of cattle in European countries, but in the United States we have only isolated cases whose origin can usually be traced to hides or hair, imported from abroad.

The Bacillus of Malignant Edema is a thickish rod resembling the bacilli of tetanus and anthrax, and, like them, it is a strictly anaerobic organism. If applied to a scratched surface, infection is not likely to occur, the free oxygen seeming to prevent its growth, but if the wound is deep, a most rapid infection may take place. It is found in soil, dust, manure and dirty water. The disease is almost always quickly fatal in man, but fortunately it is not often met with. One case only has come under the observation of the writer in which infection followed a slight surgical operation, probably performed without due regard to aseptic precautions, and the patient, a strong man, after running a temperature of 107 degrees, died within forty-eight hours.

One of the most interesting of the non-pathogenic bacilli is the *Bacillus Prodigiosus*, which is found sometimes on moist bread, potatoes, and in milk. Its cultures produce a red color, which fact has, in the far away past, been responsible for certain legends of "bleeding bread," "bleeding wafers," etc.

So far, we have been considering the bacteria most important from a surgical standpoint, as these chiefly concern the nurse in her work of prevention and application of aseptic principles. Coming briefly to some of the *known* organisms that cause acute infectious diseases, we find:

The Typhoid Bacillus. — Generally short, plump rods, forming long threads in cultures. They are never found in nature except when the soil or water has been contaminated by feces or urine. They will remain alive in ice for months. In disease they are found in the stools and urine and in the blood. They invade the body by way of the alimentary tract, in food and water. Flies may very easily infect food. Ovsters may become infected in water that has been contaminated and so become a means of conveying the disease. In fatal cases, death is produced either by profound general poisoning to the system, by ulceration of Peyers patches, causing perforation and peritonitis, or by the destruction of a blood vessel in the floor of an ulcer, causing hemorrhage. Knowing the nature of the foe with which she has to deal, and the ease with which this dreaded disease may be transmitted, the nurse who watches a case will realize that "eternal vigilance" and absolute thoroughness in the use of

disinfectants is the only price of safety for herself and others.

The Colon Bacillus, which much resembles typhoid, is found in the intestines of most animals and man; also found in streams, wells and springs which are near towns or farm lands. While it is difficult to find typhoid in drinking water, the colon is easily found. It plays an important part in secondary infection, and is a factor in suppurative peritonitis, though not the only cause of it. Is often found in company with the Streptococcus. Has been known to cause epidemic of diarrhoea in institutions.

Perhaps the Bacillus of Diphtheria (Klebs Loeffler bacillus) should have been included in the previous section, as it is, without doubt, capable of causing local infection by means of abrasions of the skin or mucous membrane in any part of the body. It is a bent or curved bacillus of irregular shape, and differing much in length. It will live for months in a dried condition. Formalin vapor kills it, also corrosive sublimate solution. In disease it is found mostly in the throat, and may remain alive in the throats of healthy persons for months. Diphtheria is usually spread by contact with those suffering from the disease, and with convalescents in whose throats the bacilli remain alive. The rapid growth of the bacilli in the test ube makes the diagnosis of diphtheria from culture comparatively easy. A sterile swab of cotton is rubbed over the false membrane in the throat and then over the serum in the test tube; the tube is placed in the incubator, and after from eight to ten hours the serum is covered with fine granular colonies of pure diphtheria bacilli. Since the discovery of diphtheria antitoxin, the death rate from this disease has been wonderfully lessened, and it is no longer greatly to be feared, if the antitoxin is used early.

It is the plain duty of the nurse to use any influence she may possess to secure its use in any case of diphtheria with which she comes in contact. While the doctor may, and usually does, decide the question, he still encounters, many times, the most astonishing and unreasonable prejudice against this wonderful remedy—prejudice, due chiefly, we think, to attributing to the use of antitoxin the toxic effects, as heart failure, paralysis, etc., produced by the specific poison of the disease. Pittfield says: "If there is one natural specific cure for any disease, it is diphtheritic antitoxin serum. No case is too trivial or too far advanced in which to use it."

The Pneumococcus or Diplococcus Lanceolatus, a lancet-shaped, encapsulated microbe, is generally conceded to be the cause of pneumonia. Besides its favorite seat in the lungs, any serous membrane may be attacked, causing meningitis, endocarditis or peritonitis. Abscesses anywhere may be due to this microbe. It is also found in the sputa of healthy individuals, on the conjunctiva, and in the nose. Has never been found outside the human body.

The specific microbe of scarlet fever has not been isolated, but it is very tenacious. Infected clothes laid aside for years have been known to cause outbreaks of the disease. It is contagious at all periods, but most so during the period of desquamation, and the skin is supposed to be the chief seat of the organism causing it.

The Streptococcus Pyogenes plays an active part in all these last-named diseases, and in diphtheria and tuberculo-

sis as well. It causes an aggravation of the original infection, and often death.

While most diseases are caused by vegetable parasites such as we have been considering, there are others caused by minute organisms of the animal kingdom. These animal parasites or *Protozoa* are the cause of several well known diseases, notably malaria, yellow fever and dysentery.

In hydrophobia, smallpox and scarlet fever, certain organisms are constantly found that resemble the protozoa, but the exact knowledge that they are the cause of the disease is still lacking.

It has been positively demonstrated that the Anopheles Mosquito acts as the intermediate host of the malarial parasite, and that infection in man follows the bite of the infected insect. The freshly formed organism in the blood of the man is coveyed into the intestines of the mosquito, where it undergoes a different cycle of development and finally finds its way, by means of the circulation, into the salivary glands. From thence by the bite of the mosquito it is transferred to the blood of the new victim. To prevent the spread of malaria, mosquitoes must be exterminated, or at least prevented from reaching those suffering from the disease and conveying it to others. Screens are the best means of effecting this. The larva of the mosquito develops in stagnant water, and all pools that cannot be drained should be covered with oil, which quickly destroys the larva,

Probably most nurses are familiar with the heroic work done by Dr. Reed and his assistants in 1900, by which it was at last clearly established that the mosquito is the intermediate host of yellow fever. Though the specific parasite of the disease has not been found and is supposed to be submicroscopic, there remains not a doubt that it is transferred from one patient to another by means of the mosquito Stegomyia Fasciata. Without this mosquito there can be no yellow fever, and the spread of the disease may be prevented by destroying them and preventing their access to yellow fever patients, and from them to the non-immune. The splendid results of work based upon these facts during the late yellow fever epidemic in New Orleans are well known. Any nurse who is interested in these investigations (and all nurses should be) and has not read Dr. Kelly's "Walter Reed and Yellow Fever,"\* is advised to do so at once, for a more inspiring record of patient effort, self-sacrifice and achievement for the good of humanity does not exist in all the annals of medical research.

#### Women Nurses for Navy.

Dr. R. W. Plummer, assistant surgeon of the United States naval medical service, who spoke December 10 at the opening session of the National Legislative Council of the American Medical Association in the Auditorium Hotel, Chicago, said that "in order to raise the United States naval medical service to its highest standard of efficiency women nurses should be employed.

"Women nurses are best," the speaker said.

"The army has them and the reports from the army surgeons show that the medical service has been raised to a higher standard."

A bill for the establishment and organization of a corps of trained women nurses for the navy, he said, will be recommended to Congress at the present session, providing that women nurses be employed in naval hospitals on shore in time of peace and on hospital and ambulance ships in time of war.

<sup>\*</sup>For sale by Lakeside Pub. Co. Price, \$1.50, postpaid.

#### Pensions for Army Aurses

ANITA NEWCOMB M'GEE.

PENSIONS for army nurses must necessarily conform to our general pension system. This has steadily grown from modest beginnings until now it has extended far beyond anything known in other countries. In 1905 over \$139,000,000 was paid to about 1,000,000 pensioners, besides which thousands are supported in soldiers' homes. The new law, of last February, has made possible a great increase in these figures, which otherwise would diminish by reason of many deaths of pensioners.

Although special allowances bounties were early given, the first pension law was not passed until 1818. It allowed three dollars a month to such survivors of the Revolutionary army as were in need of financial aid, provided they had served nine months, which was quite a long period as Revolutionary enlistments went. As almost 19,000 former soldiers applied, Congress became alarmed at the sum required and ordered that none whose property exceeded \$150 should be placed on the rolls. After that the increase in liberality was slow until the Civil war, when the political influence of the large "soldier vote" began to show its power. The present situation as regards Civil war soldiers of the Union army has thus been stated by the Interior Department:

"Under the general law any soldier who served in the Federal army in the Civil war was honorably discharged, and if disabled by wounds received or disease contracted in the line of duty in such service, is pensionable regardless of the length of time he served. "Under the act of 1890, any soldier who served in the Federal army in the Civil war not less than ninety days, was honorably discharged, and since his discharge, by accident or disease not due to his own vicious habits, has become in any degree unable to earn his support by manual labor, is entitled to pension.

"Under the act of February 6, 1907, any soldier who served in the Federal army in the Civil war ninety days, and was honorably discharged, is entitled to pension at the rate of \$12 a month after he has reached the age of sixty-two years, \$15 a month after he has arrived at the age of seventy, and \$20 a month after he is seventy-five years old, on account of age alone."

It is unnecessary in this article to consider laws regarding widows and other dependents, except to mention that the usual widow's pension is \$8 a month. Army nurses, in whom we are most interested, were not recognized as pensionable until long years after the Civil war, in which they served. Finally, in 1892, so many of them had become dependent that they and their friends urged Congress to provide for them in their old age, and a law was passed granting \$12 a month to women nurses, under the following conditions: must have been actually employed as nurses by authority of the War Department; have served in the Civil war and in hospitals belonging to the army; actually nursed during at least six months; have been honorably discharged, and be now unable to earn a support, but that inability need not be otherwise proved

to the Pension Office if the applicant is over sixty-five years old. Efforts were made last winter to increase the amount of these pensions, but they failed. So did an attempt to pension the so-called "volunteer nurses," who were not employed, and of whom the War Department has no record, because of the impossibility of obtaining conclusive evidence regarding their number or services.

This statement about Civil war pensions shows that there are two distinct classes of persons who receive them because of their own services. First: Those officers, soldiers and sailors with some permanent disability directly due to wounds or disease incurred in line of duty, regardless of any other condition. Second: Those who served at least ninety days (or six months, if nurses), and whose age (or post-service disability) entitle them to consideration.

Veterans of the Spanish war are entitled only to the first class of pensions.

Nurses of the Civil war are entitled only to the second class of pensions.

What class should the Spanish war nurses have? As veterans of that recent war will doubtless have to wait many a year before getting the second class of pensions, for age alone (if indeed they ever do), and as the Civil war nurses waited twenty-eight years for theirs, it is clear that the Spanish war nurses need waste no time at present hoping for pensions based on age or recent disability alone. The only thing to consider now is what the Spanish war veterans have, viz., the pension for permanent disease actually incurred in the service.

But there is no general precedent for pensioning women in this way, and in the minds of members of Congress there

are weighty reasons against such a breaking of barriers as this would mean. For another thing, the important distinction involved in a technical "commission" or "enlistment" must be upheld, they say. True, acting assistant, or contract, surgeons have pensions in spite of that, but the telegraphers, the dentists, the quartermaster employes and some others attached to the army are unable to get laws passed in their favor. Another objection to general legislation for army nurse pensions is that not enough of them, in or since 1898, have been permanently disabled in line of duty. The efforts of the Pension Committee of the Spanish-American War Nurses have resulted in the discovery of scarcely half a dozen claimants, and at date of writing only one has obtained complete evidence of her claim! To obtain the passage of a general law is quite a serious undertaking, and no consideration could be had in this case unless a large number were in need of it. Note, by way of contrast, that there were, recently, on the pension rolls 587 army nurses mainly pensioned under the Civil war nurses' act above defined, though a number benefit by special acts in their favor. As to the Spanish war veterans, they are so numerous that up to June 30, 1906, \$15,500,000 had been paid to them in disability pensions, and to 660 of their widows.

What has just been said does not in the least mean that pensions for Spanish war nurses cannot be obtained, for there are two ways of securing them. The one spoken of above is by a general act, affecting people as members of a class. The other is by what is called a "special act" for the benefit of an individual. Where there are so few persons needing relief as would appear to be the case among the army nurses of recent times, they may be cared for by such special acts. Before describing the method of obtaining these, some other general considerations need to be taken up.

It should be clearly understood that our Government never goes about looking for persons who deserve its money. No appropriation of the kind we are considering, however wise or just, is voted unless the persons to be benefited, or their friends, ask for it. It may be said they must work for it and urge it until enough influence is brought to bear in both Houses of Congress to secure the necessary votes for the appropriation. The soldiers of the Union army organized in the Grand Army of the Republic and exerted all their political influence to obtain, and increase, the pensions to which their members considered themselves entitled. Our pension system would never have grown as it has without the efforts of great numbers of soldiers themselves organized in a working body. But, even after a general law is passed, the Pension Office makes no effort to find the beneficiaries, and if any one of them prefers not to receive public aid he simply does not apply for it, and the receipt of pension money will never trouble him.

Originally, as was shown at the beginning of this article, pensions were not at all considered as a "right," but were, in fact, a form of public charity, which was limited to soldiers who were old and without means of support. Wounds had always been considered as incidents of a soldier's service which he took on himself when he enlisted, just as he took other chances through life. A point to remember is the difference between a

moral and a legal right to a benefit. The former is partly a matter of opinion; the latter is wholly a matter of exact law. In general, the former must precede the latter, for all law is based on public opinion. Opinions regarding the duty of a country toward its citizens are growing broader as the centuries pass, and such ideas as retirements and pensions for the military, and also for civilian employes of the Government, are ever growing more popular here. But to put into effect these generous ideas the people must be willing to pay the bills, and members of Congress, who are custodians of the people's money, must know of their willingness. What "bringing influence" in these matters means is the proving to members of Congress that if they vote a certain appropriation it will have the approval of citizens of our country, who pay the taxes! Now, they may not be certain of this without being told, and if the appropriation is a large one, as in the case of general pension laws, many citizens must "influence" many members so as to make the force of public opinion felt. On the other hand, in the case of a small appropriation such as is required in a "special act" for an individual, there is no need for this extensive action, and that is why it is so much easier to have several special acts passed than to pass one general one.

But it is evident that while public opinion will sustain appropriations for individual army nurses in need, it hesitates to grant them the general pension privileges of soldiers because of the great difference in the risks which they run. Unless in an altogether extraordinary case, nurses are not wounded. Nor are they obliged to take the forced marches

or endure the excessive privations of an army on the move in active campaign. Some hardships they undoubtedly endure, and risks of camp diseases they undoubtedly run, but beyond all question, speaking of wars in general, these are less than those of a soldier. Beyond question, this is a most important reason why Congress has not pensioned nurses the same as soldiers, and why in the case of the Civil war nurses it required twice the length of service of them that it did of the men.

This matter of risks taken is put in another way by one of the Spanish war nurses who wrote that she will help work for a pension for a nurse whose health was unquestionably injured in her army service, but at the same time she personally feels "we only did our duty. I have risked my health oftener on private duty than in the army; yes, and have gone hungry because the food was not cooked properly. Yet I would not think of asking a family to give me anything because my health was gone. I

was sick for six months after nursing scarlet fever, yet that is what we risk.

\* \* \* Hope you understand from this that those who really are suffering I want to help, and my expressions are of nursing risks in general."

While this view is doubtless correct in the main, there are certainly cases in which it is not correct at all, as the writer implies. For example, nurses who went to Cuba, the Philippine Islands and other Southern climates, ran risks of diseases they could not have contracted at home, and some are now suffering from these disorders. Such an exceptional danger, too, was the remarkable tidal wave which flooded the camp at Fernandina, Florida, and obliged the nurses there to work for many hours in their wet clothing. Yes, beyond all question, the nurses who were permanently disabled in line of duty deserve pensions as much as any soldier, and since general legislation to that effect cannot now be obtained, we turn to the opportunity for special provisions in their favor.

(To be Continued.)

#### Graduated Nurses of Texas.

Miss Maline Smith has returned to her home in Galveston from Panama, where she has been nursing for the past year.

Miss Fannie Roberts has resumed her work in Waco after a much-needed rest.

Miss Gabriel, of Fort Worth, is in Colorado with a patient.

Miss J. S. Cottle has returned from Zanesville, Ohio, where she has had charge of a hospital this Summer, and is doing private nursing in Fort Worth.

Miss A. Alschier, of Dallas, will spend the Winter in Mexico with her sister. Dr. and Mrs. W. C. Mayes (nee Lunny) have gone to Colorado for the benefit of Dr. Mayes's health.

Miss C. Van Doren, of Belton, spent several weeks in Colorado this Summer with a patient.

Miss E. W. Hill, of San Antonio, expects to leave in a short time for Mexico, where she will take charge of a hospital.

Will the Texas nurse whose article appeared in the May number kindly send me her address?

C. VAN DOREN, Secretary,

Belton, Texas.

# Questions of Aurses' Examining Board of the District of Columbia

ANATOMY, PHYSIOLOGY AND HYGIENE.

- (1) Name organs of digestion?
- (2) Locate ileum and ilium?
- (3) What is the pleura, periosteum, perineum, tympanum and cornea?
- (4) What is the medulla oblongata?
- (5) Name largest gland, and state its chief function?
- (6) Describe circulation in a general way, or the process of digestion?
- (7) How are waste products eliminated from the body?
- (8) State function of red corpuscles?
- (9) What are the hygienic essentials of a sickroom?
- (10) How would you dispose of sputum?

#### MEDICAL NURSING AND EMERGENCIES.

- (1) Mention three kinds of enemata, and distinction in the giving of each?
- (2) Give symptoms of hemorrhage in typhoid fever, and state care of patient until the arrival of physician?
- (3) State points to be noted in taking the pulse and respiration?
- (4) What immediate treatment should be given in severe burns and scalds, while awaiting the arrival of physician?
- (5) What stimulation can be given by a nurse in the above case for shock?
- (6) State how long patient should be left in hot packs, and how are they given?
- (7) What method should be used for the prevention of infection in fevers?

- (8) What care should be exercised in nasal tube feeding?
- (9) What treatment would you give for morphine poisoning?
- (10) How would you treat a fainting person?

#### OBSTETRICS AND GYNECOLOGY.

- (1) What is the duration of pregnancy; and how do you determine the probable date of confinement?
- (2) What preparation do you consider necessary for an approaching confinement? And what necessary preparation would you make immediately preceding labour?
- (3) How many stages of labour are there? And state when each begins and ends?
- (4) What care would you give the nipples before and after confinement?
- (5) What is colostrum, and what is its function? What is the function of the amniotic fluid?
- (6) State in detail the care you would give an infant for the first 24 hours after birth?
- (7) Are there any diseases from which you would not go to an obstetrical case? If so, name some of them?
- (8) What care would you give your hands and all articles used for patients in puerperium?
- (9) Name some of the emergencies that sometimes arise during the puerperal state, and what would be a nurse's duty under such condition?

- (10) How would you prepare a patient for a gynecologic examination?
  - SURGERY AND CONTAGION.
  - (1) a—How would you select and prepare the room for an abdominal section in a private house?
    - b—Give in detail the supplies needed?
    - c—How would you sterilize supplies and instruments?
    - d—How would you prepare the patient?
- (2) How would you prepare normal salt solution for hypodermocly-sis?
- (3) If you knew the patient was to take ether, how would you prepare him in the absence of any orders from the physician?
- (4) How would you treat post-operative hemorrhage until the arrival of the physician?
- (5) What are the indications of shock? Give treatment?
- (6) What emergencies may arise during or after the administration of a general anaesthetic? How would you meet or prevent them?
- (7) What care would you take of your health and person while in attendance on a contagious case?

- (8) What steps would you take to disinfect a room in the country after a contagious disease?
- (9) What must be done to the patient after a contagious disease before he can safely come in contact with uninfected people?
- (10 What solutions are best for disinfecting clothes?

#### MATERIA MEDICA AND DIETETICS.

- (1) How may materia medica be defined?
- (2) What is opium, from what is it obtained, give its two principal alkaloids and their average doses?
- (3) What are emetics, what two ways do they act, and give example of each?
- (4) a—What are infusions?
  b—What are tinctures?
  c—What are suppositories?
- (5) By what methods may drugs be administered?
- (6) What are the different kinds of foodstuffs, and give example?
- (7) What is a proteid?
- (8) Describe the action of the gastric juices on food?
- (9) How would you cook rolled oats or wheat?
- (10) How would you make beef broth and beef juice?

#### Des Moines Graduate Nurses.

For the purpose of getting better acquainted and to meet the members of the senior classes of the three nurses' training schools in the city, Misses Luella Bristol, Estelle Campbell and Mabelle Baugh, president, treasurer and secretary of the Des Moines Graduate Nurses' Association, assisted by Misses Esther Bunch, Edith Robinson and Minnie Dawson, very delightfully entertained the graduate nurses and hospital seniors of the city at the Metho-

dist Hospital Graduate Nurses' Home, on Saturday evening, November 9. A dozen different hospitals were represented by the sixty nurses, who greatly enjoyed the social hour.

The Board of Examiners of Nurses for the State of Iowa on December I had issued 566 certificates to graduates, and it is expected there is yet a large number who will apply before January I and receive the degree of R. N. without examination.

### Christmas Under Quarantine

LILLIAN M. SQUIRE.

A T a quarter past eight o'clock in the morning the telephone rings sharply. Instinctively Nurse Cameron listens as the matron of the Nurses' Home replies: "Yes, Dr. Martyn, Nurse Cameron is at liberty. Certainly, doctor. Just one moment; I will see whether she is in."

Miss Cameron comes reluctantly to the telephone, for she has a presentiment it is a call for a case, and Christmas is not far distant.

"Nurse Cameron?" inquires Dr. Martyn.

"Yes, Dr. Martyn."

"Would you take a case—a contagious case—immediately, leaving here by the first train, due in one hour, for Raymond, N. H.?"

"Well, I think so. Yes, Dr. Martyn. What is the case? Diphtheria?"

But the sound on the wire drowns the word and Dr. Martyn hangs up the receiver, thinking the conversation finished and clearly understood.

Miss Cameron calls for the "Nurses' Bureau" at the office of Dr. Martyn again and again, but in vain, as the Central girl at the telephone office informs her of trouble on the line. She finally walks up the stairs to her comfortable quarters and hurriedly repacks her bag.

Miss Cameron wonderingly expresses her thoughts aloud. "Dr. Martyn forgot to mention who my patient's to be—name or sex. I know nothing about the case or place. And still continuing her soliloquy, she dons her traveling suit. Hearing the street car in the distance she takes her traveling bag and rushes hur-

riedly to the street corner to catch the car which goes by the railway station.

It is a malignant type of diphtheria, Dr. Ross, the physician in charge of the case, is telling Miss Cameron, with which the family are afflicted.

"Family?" questions the nurse.

"Yes, Miss Cameron; a family of three—father and mother, and child of two years. People extremely poor, and all needs and requirements will be furnished by the town."

A drive of seven miles brings them to a small three-roomed camp. As Miss Cameron enters the living room a pathetic scene meets her gaze. Amid filth and squalor lie father and mother, choking and panting with every heartbeat, with the little child between them in a broken iron bedstead, which is tied up with rope to support it. Nurse Cameron rapidly prepares for work, and, under the circumstances, it looks discouraging, for where to commence first is hard to determine.

"Had I known, would I have come?" The nurse is asking herself, but cheerfully cares for her patients. Meantime a man approaches and raps loudly at the door. Nurse Cameron tells him the many needs of the people, which the man makes a memorandum of, and promises will be furnished at once. Three comfortable cots, screens, wash basins, towels, bedding etc. Groceries seem to come by magic.

Three weeks creep slowly by, and none, save the doctor and health officer, have been near the place, for another nurse or assistant could not be secured to aid

Nurse Cameron. Finally, the work of cleansing for the day is over, as the patients are now convalescing nicely.

"Miss Cameron, ain't yer goin' ter rest yerself? Yer too good a lookin' woman to be doin' the loiks o' this. You'll find the loft fer to rest a likely place, and I'll mind the fire meself," speaks Mr. O'Brouse, in a very authoritative manner, which. Nurse Cameron finds out a little later, is due to the fact of too frequent use of alcohol prescribed by the doctor as a gargle. Miss Cameron quietly turns out a part of the alcohol, substituting water, and resumes her bedmaking. The room has gained a hospital effect with systematic overhauling, and her patients gradually feel that they are being cared for better than they could have dreamed.

"Sure, and it's next ter heven, it be. The saints and all be thanked for the goodness of ye, and your care of us. Me throat's well; but, faith, and the doctor sez you'll ma'be have to spend Christmas with us. Do ye think ye'll be lonesome with the loiks of us?" asks Mrs. O'Brouse, as Miss Cameron dresses the baby, whom the doctor has given permission to sit up for the first time.

Nurse Cameron does not reply, but a shadow steals over her face. "Why, yes, Mrs. O'Brouse, it is a disappointment, for it is a long time since I spent a Christmas with the dear ones at home, but let us make the best of it, and be as merry and happy as circumstances will allow."

Christmas morning comes. Nurse Cameron has procured from the old man who brings the daily supplies a small fir tree and candles. Unknown friends send home-made candies and goodies. A hamper of good things from Dr. Ross arrive, and very much needed clothing from a church society. Other presents pour in mysteriously, and, indeed, it is a glad Christmas for the convalescents.

Nurse Cameron's letters bring her many happy moments, and she feels repaid for her care and labor in the happy looks of her patients.

One week later the placard is removed from the door, the fumigation completed by the health officer, and Miss Cameron prepares to leave. As she bids farewell to the O'Brouses, with kind wishes for a bright New Year, somehow Christmas has been a glad one, for a duty has been performed.

#### St. Louis, Mo.

On December 2 the graduate nurses of the St. Louis Mullanphy (Hospital) Training School held a meeting in the class room of the hospital, the purpose of which was to organize an Alumnæ Assiciation.

The meeting, which was well attended, was called to order about 3:30 p. m. by the superintendent of the hospital, Sister Gabriella, who explained to those present the object and advantages of the association. Mrs. Virginia Ring was appointed temporary president, and presided at the meeting. Miss Mattie F. Howard was appointed temporary secretary.

A committee, consisting of Miss Mary Rider, Miss Elizabeth M. Lanigan, Miss Catherine Collins and Miss Sophia Grim, was appointed to draw up the by-laws and submit them at the next meeting, at which time they will be passed upon. At the next meeting, which will be held the first week in January, the election of officers for the year will take place.

All expressed themselves delighted and well pleased with the result of the meeting.

To our ever thoughtful, interested and kind superintendent-in-chief, Sister Gabriella, we tender our sincere thanks and appreciation for her kind assistance and aid, to which we owe the establishment of our Alumnæ Association.

MATTIE F. HOWARD, Secretary.

## Department of Army Nursing

DITA H. KINNEY
Superintendent Army Nurse Corps

THE discharges since our last army notes are: Margaret V. Soule, from Fort Bayard; Bertha M. Krotzer, from Division Hospital, Manila, P. I.; Mary J. Kennedy, from San Francisco; Florence A. Houghland, Mrs. Christiana M. Bauer, Mathilda C. Andresen and Nannie M. Washington, also from the General Hospital, San Francisco.

Miss Soule was married to a private of the Hospital Corps, U. S. Army, in Silver City, while on leave of absence. Chief Nurse Christiana M. Bauer was discharged at her own request, after many years of faithful and valuable service to the Army Nurse Corps. Her loss is noted with deep regret, and the good wishes of the superintendent and members of the corps follow her whereever duty or pleasure may call her.

The appointments have been: Elizabeth Kurzdorfer, graduate of Deaconess Hospital Training School, Evansville, Ind., 1899; Elsie Marion McKallip, graduate of the South Side Hospital, Pittsburg, Pa., 1906, and Mary D. Macdonald, an "old" and valued army nurse, has been re-appointed. All of the above named nurses have been assigned to duty at the General Hospital. Presidio of San Francisco, Another "old" army nurse, Julia Woods (reappointed to the service a year ago), has successfully passed the examination for promotion to chief nurse, and will sail to the Philippines for such an assignment in that division. Miss Woods has lately been on duty at Fort Bayard.

Sigrid C. Johnson and Mrs. Mary B. Hall have been transferred from the General Hospital, Presidio, of San Francisco, to Fort Bayard for duty; Nurse Mary H. Hallock, transferred from Fort Bayard to San Francisco. Miss Hallock with Miss Mary Agnes Sweeney sailed to the Philippines for duty on December 5. Miss Grace E. Leonard, recently arrived from Francisco, has been transferred from the General Hospital, that city, to Fort Bayard. Martha R. Allwein, who arrived on the last transport from the Philippines, has been assigned to duty to the Presidio. Helen M. Pickel, having finished her tour of duty at Fort Bayard, has been transferred to the Presidio of San Francisco, Miss Pickel will be replaced at Fort Bayard by Valeria Rittenhouse, recently on duty in San Francisco. Josephine Hensel, recently arrived in the Philippines, has been assigned to duty at Fort William McKinley. Clara C. Doersch, also recently arrived there, assigned to duty at the Division Hospital. Ethel Florence Cook, transferred from Camp Jossman to Division Hospital; Clara Maria Selover, from the Division Hospital to Zamboanga; Clara L. Postlewait, from Zamboanga to Camp Keithley; Agnes Astbury and Sarah M. Hepburn, from Camp Keithley to Division Hospital; Josephine Riedy, from Division Hospital to Camp Gregg, Pangasinan, for temporary duty, on completion of which she will return to her proper

station; Marie A. Riordan, recently arrived in the Philippines, has been assigned to duty at the Division Hospital.

Miss Sarah Burtiss Myer, another Fort Bayard nurse, has requested discharge at the expiration of her term, and will take post-graduate work in the New York Eye and Ear Infirmary, to be near her mother, who is in delicate health.

Felicitations are in order for Mr. and Mrs. Arendt, on the birth of a son. Mrs. Arendt was Miss Helen Gottschalk, late chief nurse at the General Hospital, Presidio of San Francisco, and a graduate of Mount Sinai, New York City.

The news comes from Mrs. Willessie Perkin Garrett that she and her husband are settled in a little home near Thermopolis, Wyo. While they are quite a distance from any railroad, they seem to have no lack. There are some famous hot springs quite near, and a railroad is promised very soon. They are living in a little two-room house and are apparently very happy. Mr. Garrett and his wife were childhood friends.

Nurse Elizabeth F. Chambers, after leaving the service, accepted a position for a few months in Bishop Brent's new hospital in Manila. Her time there was short, as she had promised to take a private case. At the completion of her private duty she expects to return to Bishop Brent, though when heard from she had not decided whether she would stay there permanently or not.

The City' and County Hospital, of San Francisco, having been given over to the plague victims, its other patients and nurses in training had no place to go. Two of the wards ("B" and "J") at the General Hospital, were offered the City of San Francisco for some of their

patients, and since September there have been eight under-graduate nurses on duty in the latter hospital, with two army nurses as head nurses of the wards, namely, Misses James and Mc-Van. About 80 or 100 of the city's patients are accommodated in these wards. These extra nurses have been assigned to quarters in the administration building, where they have four very pleasant rooms. They have their meals in the Nurses' Quarters, in the army nurses' mess. This is a very agreeable arrangement, but crowds the nurse corps quarters very much. After the extermination of the plague in the City of San Francisco, the old City and County Hospital will be burned. I am sure no one will disagree with me when I say such action is taken none too soon.

A nurse recently assigned to Fort Bayard writes: "I was hurt at this Fort Bayard deal at first, but I find I am liking it. This is a beautiful country. We have been out on horseback sometimes fourteen to sixteen miles a day—way off into canyons, over hills and across long stretches of level road that the ponies love. And there is an opal ledge to be explored, and Indian graves and Indian picture rocks, and, oh, lots of other things, and I am happy and enjoying it."

The chief nurse at the Division Hospital writes: "We have had a concrete walk put in from the street to the nurses' quarters, and the driveway has been gravelled. Our groceries are now delivered by a real delivery wagon instead of a "carametto," as heretofore. These things, and some others which I cannot just now remember, have contributed very considerably to the joy of our housekeeping."

# Editorially Speaking

#### Why Opinions Differ

In this issue we present an article entitled, "Another View of Hospital Work Among the Poor," in which the author disagrees with the opinions so ably expressed by Miss Jane Addams, of Hull House, Chicago, Ill., in an address before the American Hospital Association, and which was republished in our December number.

Here we have an instance of two women, both of exceptional ability and experience, holding opinions which seem in direct contradiction to each other.

But, as we have so often pointed out, "the spectator sees most of the game." So, from our editorial perspective, we affirm that these women are both right, each in her individual experience, but both wrong if they hold that this experience is in either case usual.

To summarize both sides, Miss Addams, for many years the successful head of one of the greatest philanthropic institutions in America, believes that "hospitalization" is too common. That is, that humanity of treatment is lost sight of, in the attempt to obtain perfection of order and discipline. That the patient ceases to be regarded as a man or a woman, but becomes merely a case. It was evident that under this mild arraignment, calmly and moderately put, Miss Addams concealed a great depth of feeling and held herself under great restraint, and from under her polished and polite expression there gleamed a burning sarcasm and an irony like the gleam of steel beneath the baldric of a knight.

On the other hand, the writer of the

article in this number, a successful nurse and superintendent of both training school and hospital, contends that 80 per cent. of patients like the hospital, and would gladly acknowledge it. Eighteen per cent would be chronic kickers to whom nothing was ever satisfactory, and that less than 2 per cent have any real cause for complaint.

How did these two capable minds approach their subject? Miss Addams sees it first from the patient's point of view, is impressed that her people hate the hospital, and is on the lookout for the reason. In searching for this she saw every neglect and omission, every stupid rule, every act of carelessness or callousness. As her people were the very poor, and the hospitals the great city institutions of a cosmopolitan centre like Chicago, she naturally saw an unusual number of those occurrences which make the thoughtful at times despair of humanity.

The other writer has been in the different atmosphere of less cosmopolitan She began with the other side of the question, and it would not be unjust to her to suppose a slight unintentional bias from training. But furthermore, her own good management of the institutions intrusted to her charge naturally very materially lessened her opportunities to witness the class of incidents of which Miss Addams complains. We believe we see both sides of the question, and have no bias toward either except that inculcated by wide opportunities for observation extending over a period of years. We are inclined

to moderate both views, while inclining slightly to the side of Miss Addams.

Take the world at large, why is it that the rich and poor, the intelligent and the ignorant usually dislike the hospital and prefer home in case of sickness in spite of the special facilities offered in the former? It is because there is so often a real neglect of the human, personal element of the patient. Nurses may not always notice this because of habit, training and the explanation that this and that is necessary for order and discipline.

But order and discipline, while necessary, may be carried too far. There comes to mind the remark of one of the most successful and popular nurses, that for the rest of her life she would be haunted by the recollection of some of the things to which she had been forced to, subject the sick for the sake of ward routine while in training. At the time this troubled her but littleit was the custom, and was plausibly explained and justified. But in the light of later and more extended experience, and with the accumulation of knowledge, these scenes rise before her mind's eye with horror.

It must be understood that we are not condemning the ward discipline which makes for the greatest good of the greatest number, but such brutalities as waking a patient from a sound sleep to wash his face, take a temperature, or to prepare for the doctor's visit. Who is the doctor that sick humanity should be outraged for him? We also unhesitatingly condemn waking a patient at an absurdly early hour, when vitality is at its lowest, because ward routine must begin at this time. We have seen this practiced not only upon ward, but private patients. We believe the fright and nervous ex-

citement, the chafing and open rebellion against obviously stupid rules of routine, is an important factor to retard progress with the ordinary patient, and has prolonged the illness of many.

It is also a short-sighted policy from a business point of view. If hospitals looked after the comfort of their patients a little more, and also took some care of the mental wellbeing, there would be more pay patients, and we all know what this would mean to the hospital situation in the long run.

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#### Old Advice for the New Year

"THERE is no new thing under the sun." Even the New Year itself will soon be forgotten under the stress of the rush and turmoil of modern life. So we need no new advice, we make no new resolutions, but rather we turn back the pages of the year that is past, seeking the advice which we have failed to carry out, together with the resolutions we have neglected to make good.

In an address made to a graduating class of nurses Miss Harriet Fulmer speaks of the modern trained nurse as one of the greatest social factors of the time. A social factor because she uplifts and betters people and conditions wherever you find her, and as a social factor her capacity is absolutely without limitations. Such a statement is in itself an inspiration, and in one short sentence Miss Fulmer supplies the key which can solve the hardest nursing problem, whether considered individually or collectively.

"Go where you are most needed."
The moment this advice is carried out the spirit of commercialism, the trades union classification of cases according to price, will vanish. In the words of Miss

Fulmer, we say to each and every nurse on the threshold of a New Year, "Set the pace!" When a call comes, go, because you are needed, and you will be sure then to find "joy in your work."

#### FOREGROUNDS AND BACKGROUNDS.

On another page of the old year's records we notice the name of Dr. Richard C. Cabot underlined again and again. Everything that Dr. Cabot says to the nurse is helpful, but we doubt if anything has ever been spoken or written which is more helpful to the nurse. or which has awakened her sympathy and given her a better insight into the heart of things than his address, "Foregrounds and Backgrounds in Work for the Sick." He mentions a group of examples of blindness to foregrounds "due to the habit of looking off into the distance over the head (as it were) of the fact before us, and of blindness to backgrounds in which the sufferer can see nothing except the facts in front of his nose. In the simplest language he shows us what unconscious cruelty we are often guilty of, through these two forms of blindness. He shows that the nurse's duty to the doctor may be discharged by faithfully carrying out his orders, but her duty to her patient covers a field of endeavor far wider than this. Finally Dr. Cabot says: "We are dreadfully prone to forget that all eternity is made up of half hours as transient as this, as simple, unimpressive and insignificant as Nothing divine, nothing heroic, about this mean commonplace present. If the occasion were imposing and resounding we should rise to it nobly, but we notice nothing very important just here in this dingy laboratory or in that dreary corridor. We are almost indignant if any one tries to open our eyes.

How can this piece of cheap transient drudgery be linked to anything noble or significant? \* \* \* One of the greatest illusions is, that the present hour is not the critical decisive hour—God give me insight into to-day!"

#### THE HUMAN QUALITY IN NURSING.

On yet another page of last year's records we notice the above heading, which reminds us that nurses, perhaps more than any other body of women, are constantly criticised for being "narrow," and, therefore, uninteresting companions outside of their own particular little circle of friends. It is the easiest thing in the world to slip into a rut. Only by taking special pains to prevent it can we escape it. Much of the success of the private duty nurse depends upon her being an agreeable companion to the patient after the danger point of illness is past, so we venture to repeat this piece of advice from an unknown writer: "Break away from the harness and the ruts often enough to keep the world of other people in view. Hear a good speaker once in a while. Read a good book often. Keep up with the times by reading something fresh in current literature." The need of physical rest and relaxation is usually well understood by the nurse, but there is sometimes a tendency to overlook the fact that it is equally important to get mental relaxation and change of atmosphere. There would be fewer nurses with impaired health and shattered nerves if they could be persuaded to use for their own benefit a fraction of the care and foresight which they bestow on their patients. And this, too, comes from forgetting to "break away from the harness and the ruts often enough to keep the world of other people in view,"

#### A Correction

In the August number of The Johns Hopkins Nurses' Alumnæ Magazine, in an editorial comment, "The Ownership of the Journal," we find the following: "As we learn from the report of our delegates to the meeting, every one seems to be agreed that the Associated Alumnæ should own the Journal outright—the reasons are stated very clearly in our delegates' report."

Turning to the delegates' report to learn the reason, we found the following: "If the Journal \* \* \* was owned by the association, it was felt that it would then afford to pay contributors for articles, and so obtain a better class of material than some of that appearing lately in its pages, and so raise the standard and interest in the magazine."

Finding the above a very logical argument, we quoted it in an editorial in our October number. Unfortunately. through proof-reader's error the word "some" was omitted in our quotation. This is a matter of much regret to us, and it should have been corrected earlier had our attention been called to it. With the calling attention to this omission our concern in the matter ceases. But we trust we may be pardoned if we say that we consider the criticisms which have been made of the delegates' report. and which appear in our Letter box this issue, most unjust. We agree with the editorial in the Johns Hopkins Magazine, that the reasons are stated very clearly, and we think that only a great stretch of imagination could place a different construction on the report from that intended by the delegates.

#### Hennepin Co. Nurses' Association.

The Hennepin County Nurses' Association, Minneapolis, had an opportunity to hear some interesting facts regarding the Philippine hospitals at the monthly meeting held November 14 in the afternoon at the home of Dr. M. A. Mead. Miss Edith Rommel, president, presided and introduced Miss Estelle Hine, a member of the association, who has been in Manila for two years as an army nurse. Miss Hine read from the letters she wrote to her mother. She was sent with one of the United States transports, and was in Manila when there were but tents and cheap shacks to shelter the sick and wounded. Her experiences among the sick soldiers proved the unsanitary condition which the army nurses had to cope with in their efforts to bring comfort and relief to the sick. Her first cases were taken care of in tents, with the ground so swamped by heavy rains that high boxes were used to avoid the water, which in places was several feet deep. Miss Hine interspersed her talk with photographs showing the improvised hospitals shortly after the war, and the hospitals which have been built within the last year. The latter are examples of modern conveniences and sanitation.

The Hennepin County Graduate Nurses' Association met Wednesday, November 22, at the residence of Dr. Marian A. Mead. About forty of the nurses were present and listened to an entertaining and instructive travel talk by Dr. F. A. Dunsmoor. Dr. Dunsmoor spoke of his last European trip, taking his audience on board ship in New York harbor and telling of his travels from one European city to another. After the talk coffee was served in the Dutch kitchen.

# In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### The Visiting Nurse.

The women's clubs and lodges of Fort Dodge, Iowa, have organized a Visiting Nurse Association. One nurse is employed. She commenced her duties September 1, and in the first two months made 127 calls and collected \$43 in fees.

Gifts to the amount of nearly \$900 were turned in at the stations for the benefit of the District Nurses' Association of Grand Rapids, Mich. This is within a very few hundred dollars of the sum required to carry on the work of the association for the coming year. Besides this amount there are a number of schools to be heard from, so that the amount will very nearly approach the required sum for the year's expenses.

Circulars calling attention to the newly organized Visiting Nurse Association of Milwaukee were distributed recently in all Milwaukee churches, that knowledge of the association's aim and work might be brought to the attention of those who are interested in this admirable effort to relieve the needs of the sick poor.

One visiting nurse, now supported by a private citizen, has during the past year made 1964 visits and has cared for 230 patients. Her work has demonstrated that there is need for greater effort in this field in Milwaukee, and has led to the formation of the present organization.

A meeting of the Visiting Nurses Association of Richmond, Va., was held October 22 at the Nurses' Settlement at 12 o'clock. This is the first meeting of the association since last June, and important business was transacted.

The most important feature of the meeting was the reading of a letter from Dr. Levy, of the Health Department, suggesting that

the nurses of the association divide the city in five sections instead of four, as heretofore, and that the Health Department pay an extra nurse to co-operate with those already at work in the city. It was decided to accept Dr. Levy's proposition. In connection with the work of the nurses there will be five dispensaries, each under the supervision of one of the nurses, which will be open probably three times a week for the purpose of giving eggs, milk and other necessaries for tuberculosis patients under the care of the city.

A meeting of the Visiting Nurse Association of Newark, N. J., was held December 5 in the Free Public Library, when Halsey T. Tichenor, the treasurer, reported that there is a balance of only \$20. Since the number of patients is greater now than ever before, and food prices are increasing, it would take strenuous efforts for the next month to keep up the work, he said. Miss Nora Holman's report as head nurse showed that 578 visits had been made within the last month, 65 new patients had been cared for, 50 were discharged well and there are now 122 in need of care.

The Medford (Mass.) Visiting Nurse Association, which has for some time been considering the advisability of becoming an incorporated body, has finally taken this important step, and is now a duly chartered corporation, chartered under the laws of Massachusetts, the charter having been obtained by J. Mott Hallowell.

This action is an important one in the history of the association, and ought to add to its usefulness and its permanency. Among other results, it will free the members from any form of individual liability. It also makes a permanent and responsible body to which charitable bequests and trusts can be left for the purpose of carrying on the work of the association.

### Graduate Nurses' Association of Pennsylvania.

The fifth annual meeting of the Graduate Nurses' Association of the State of Pennsylvania, was held at Hotel Schenley, Pittsburg, Pa., October 16, 17, 18, 1907.

The president, Miss Roberta West, in the chair.

The opening prayer was offered by Rev. J. F. McCrorey. Addresses of welcome were given by Dr. Otto Gaub and Dr. C. C. Rinehart, to which responses were made by Miss Helen F. Greaney and Miss Bernice Congor. Dr. Charles White, medical director of Pittsburg Sanitarium, spoke on the "Nurse's Relation to Tuberculosis," and upon request gave a lecture Thursday afternoon on the "Prevention and Cure of Tuberculosis."

Prof. Hammerschlag, director Carnegie Technical Schools, in addressing the meeting on the "Educational Opportunities for Nurses," referred to the institution just opened in Pittsburg, for the practical education of women, and offered to add to their curriculum any course which will be of benefit to nurses.

The president made a short report of the year's work, and gave an outline of the plans and aims of the association.

Secretary's report approved as read.

Chairman of the Membership Committee reported thirty-three (33) applications. Approved.

Treasurer reported receipts up to September 30, 1907, \$1,717.60; disbursements, \$1,-453.77, leaving a balance on hand of \$263.83.

Delinquent members will be sent one more notice, and are urged to pay all back dues promptly.

Report of the Legislative Committee and introduction of Mr. Nicolls, who had prepared a draft of a new bill, which was taken up section by section, and the reasons for the various changes explained. On motion, a copy of the bill as amended will be sent to each member.

The proposed amendments to the by-laws were taken up and accepted as read, the most important one being that applicants for membership must be members of their alumnae associations.

Before proceeding to vote the following nominations from the floor were added to the ballot. For first vice-president, Miss Elizabeth Reid; for second vice-president, Miss Lydia A. Giberson; for fourth director, Miss Maude Miller.

The Chair appointed as tellers, Mrs. Eden, Miss Nellie O'Sullivan and Miss Schofield. While waiting for report of tellers, Miss Moultre's paper on "Almshouse Nursing" was read by Miss Ida Gailey.

It was decided that the association publish a journal, to be issued quarterly. Miss West was appointed chairman, to choose her own associates for this work. Subscriptions to be one dollar annually, or twenty-five cents a copy, which should be sent for the present to Miss West.

How to provide nursing for the families of moderate means was discussed, and on motion a central committee is to be appointed to organize and to secure for Pennsylvania a systematic and permanent association for visiting nursing.

Chancellor McCormick, of the Western University of Pennsylvania, spoke of Progressive Education and conferred upon "Nursing" the title of "Profession" and giving it third place on the lists.

Miss Kumm read Mrs. Gretter's paper on the Hospital Economics Course at Columbia University, and Miss Hanlin and Miss Heldman read papers on "Settlement Work."

In the way of entertainment a tea and reception were given at Allegheny General Hospital on Thursday afternoon, and on Thursday evening a banquet at Hotel Schenley, to which one hundred and eighteen (118) members sat down, were both thoroughly enjoyed. During the course of the banquet a cameo pin was presented to Mrs. Lewis, the retiring secretary, and a gold bracelet to Miss Cummiskey, the retiring chairman of the Membership Committee, for their faithful and efficient work.

Visits to Mercy and Columbia Hospitals, the Physicians' Supply Company and the Carnegie Margaret Morrison School proved interesting and enjoyable, and it is to be regretted that lack of time prevented acceptance of many other invitations.

The following officers were elected to serve for the coming year:

President, Miss Roberta West; first vicepresident, Miss Elizabeth Reid; second vicepresident, Miss Lydia A. Giberson; secretary, Miss Annie C. Nedwill; treasurer, Mr. William R. McNaughton; first director, Miss Mary J. Weir; second director, Miss Caroline I. Milne; third director, Miss Nellie A. Cummiskey; fourth director, Miss Ida F. Giles.

The next meeting of the association is to be held at Allentown, Pa.

NELLIE M. CASEY, Assistant Secretary.

#### Kentucky State Association of Nurses.

On October 29, 30 and 31 occurred the first annual meeting of the Kentucky State Association of Graduate Nurses.

It was held at the City of Lexington.

The Medical Society of this city donated the use of their room in the Public Library for the deliberations of the assembly.

There were five sessions. The programme of the opening session was as follows:

Call to order......Miss Gillette, President Invocation..Prof. B. C. Hagerman, Lexington Address of Welcome,

Dr. F. H. Clarke, Lexington Response......Miss Fisher, Owensboro Address, "State Registration,"

Dr. G. P. Sprague, Lexington Address......Dr. J. A. Stucky, Lexington During the sessions the members were interested, inspired and instructed by the reports of the officers.

Report of Miss Gillette, delegate to the National Convention of the Associated Alumnae, Richmond, Va., and of the International Conference, Paris, France.

Report by Miss Laura Wilson, delegate to the State Federation of Women's Clubs, Shelbyville, Ky.

Address by Miss Sly upon "The Hospital Economics Course at Teachers' College, N. Y."

Paper, "Value of the Trained Nurse in the Public School," by Miss Harriet Butler, of the W. C. T. U. Settlement, Hindman, Ky.

And the reading and explanation of the bill for State registration by Miss Sly.

The election of officers resulted as follows: President, Miss Gillette, Louisville; first vice-president, Miss Shaver, Lexington; second vice-president, Miss Lustnauer, Louisville; recording secretary, Miss Porter, Louisville; corresponding secretary, Miss Rece, Louisville; treasurer, Miss Tuley, Louisville; chairmen of standing committees—Ways and Means, Miss Dear, Louisville; Credentials, Miss Beckman, Louisville; Nominating, Miss McCann,

Lexington; Arrangements, Miss Francis, Louisville; Publication and Press, Miss Wilson, Louisville.

The meeting adjourned to meet next year in Louisville.

The social features were:

A reception, tendered by the Board of Managers and Superintendent of the Good Samaritan Hospital, with inspection of the new building.

Reception, with collation in sympathy, with the Pure Food Law, by the Alumnae of the Good Samaritan Hospital, and an automobile ride to the famous stock farm of J. B. Haggin.

The visiting nurses were delightfully entertained in the homes of the directors of the Good Samaritan Hospital.

The press was most generous, publishing daily full accounts of the proceedings.

The association now has 129 members. Respectfully submitted,

LAURA A. WILSON, Chairman Publication and Press Com.

On November 30 a delegation from the Kentucky State Association of Graduate Nurses, consisting of Miss Gillette, Miss Rece and Miss Wilson, attended a meeting of the Educational and Legislative Committees of the Louisville clubs, which are members of the State Federation.

The purpose of the meeting was to discuss school suffrage for the women of Louisville.

It was voted that the delegates present should report to their respective clubs, and urge the necessity of working for the bill to be presented to the next Legislature.

Said bill shall permit women to vote for school officials, to serve upon school boards, and shall also provide for a separate election for this purpose, thus divorcing the school question from politics.

The Jefferson County Graduate Nurses' Club, at the regular meeting of December 2, went on record as approving this action of the other club women of Kentucky.

Both associations realize that the first step to make superior nurses is to give the little girls a good education.

Miss Rece, our special representative to the Legislature, will go to Frankfort in January to look after the presentation of the bill for State registration for nurses.

Respectfully submitted, LAURA A. WILSON.

#### Graduate Nurses' Association of West Va.

The second annual meeting of the West Virginia State Graduate Nurses' Association was held in Wheeling, W. Va., November 11, 12 and 13. There were fifty members present. This is a young society, but in interest and enthusiasm it compares favorably with older societies. Total membership, 187.

West Virginia nurses have at last achieved registration, and the meeting was largely oneof congratulation and thanksgiving.

The president's address was a review of the work of the past year. Emphasis was laid upon the added responsibility resting upon each registered nurse. Six of the most eminent of Wheeling physicians visited the convention and made short addresses, as did also several clergymen. These visits and the kindly words of encouragement and advice were keenly appreciated by the convention.

The \$50 promised at Richmond by our delegate for the endowment of the Chair of Hos-

pital Economics was approved.

There was much earnest discussion of the nurses' salaries. The custom of many training schools of sending out pupil nurses to case after case, was warmly discussed and heartily condemned. An interesting paper on "The Realization of Our Ideals," was read by Miss A. C. McKay, superintendent of the training school of the Sheltering Arms Hospital, Hansford. Also one on "Practical Points in Private Nursing," by Miss Millette, superintendent of the training school, Reynolds Memorial Hospital, Glendale.

Much credit is due to the Committee of Wheeling Nurses, Miss Dessell, Miss Pierce and Miss McMahon, for the delightful entertainment provided for the association. Each of the hospitals, City, North Wheeling and Haskins, provided bountifully for their good cheer, and a banquet was given at the McLure House to the visitors, which was beautifully appointed in every way. Wheeling hospitality and good will will long be remembered by all the visitors.

· The next place of meeting will be Fairmont, W. Va.

The following officers were elected:

President, Mrs. Lounsbery, Charleston; first vice-president, Miss A. C. McKay, Hansford; second vice-president, Miss Naomi Simmons, Fayette; third vice-president, Mrs. Carpenter, Wheeling; fourth vice-president, Mrs. Ken-

dall, Fairmont; fifth vice-president, Miss Millette, Glendale; sixth vice-president, Miss Taylor, Grafton; seventh vice-president, Miss Gaule, Huntington; secretary, Miss Pierce, 411 South Front street, Wheeling; treasurer, Miss McMahon, Wheeling.

#### New York City.

The Alumnæ Association of the Roosevelt Hospital Training School for Nurses held a fair for the benefit of the fund for sick nurses December 5 and 6 in the administration building of the hospital. The arrangements and decorations were very artistic and the fair an unqualified success, netting a large sum for the fund.

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The New York County Nurses' Association gave a tea in honor of Miss Adelaide Nutting, director of the department of hospital economics in the Teachers' College, Friday afternoon, December 6, from 4 to 6 o'clock, at 525 West One Hundred and Twentieth street. There was a very large attendance.

A benefit dance will be given by the Flower Hospital Nurses' Alumnæ Association on January 16, 1908, at the New York Homœopathic College, East Sixty-third street and Eastern boulevard. The proceeds are to go toward endowing a bed in the hospital. Tickets \$1, on sale by Miss Towner, 80 West Fortieth street.

The Alumnæ Association of the N. Y. C. Training School for Nurses gave a reception in honor of the retiring superintendent of the school, Miss Mary S. Gilmour, at the Hotel Gotham, Wednesday evening, December 18, from 9 to 1 o'clock. Full account in our next number.

#### Albany, N. Y.

Enthusiasm, which promises to make the project one of the greatest successes ever handed out to sweet charity in Albany, characterizes the efforts of Troop B, of the local cavalry force, now being put forth for the big minstrel show and vaudeville performance to be held at Harmanus Bleeker Hall on Monday night, December 23, under the troop's auspices for the benefit of the training schools of the Albany and the Homeopathic hospitals.

Society has entered into the project with a determination to make it the record-breaking charity affair of the year, and co-operation toward this end is being received from all sides.

Governor and Mrs. Hughes are among the first to secure boxes for the performance.

The nurses of both schools, the physicians of the city and many others have taken tickets by lots.

The programme to be published will be a handsome souvenir of the event, and will be sold to help swell the receipts.

At the meeting of the board of managers of the Albany Guild for the care of the sick, last Wednesday morning it was decided to call the attention of the generous people of our city to the great demand made on the Guild.

A temporary entertainment cmomittee was formed which is considering how the public can be best entertained, and at the same time give to help on the Guild's good work.

During November forty-seven physicians called on the Guild for nursing aid, and these women, who are paid by the contributions of the citizens of Albany, made 1,502 visits. There were 157 new cases, most of whom need the further assistance of food and clothing. There are eleven nurses on the Guild staff at present.

Miss Mary Kearney, a recent graduate of St. Peters' Hospital, entertained the nurses at that institution not long since. The nurses were in costume and could scarcely be recognized.

Those participating were: Misses Kearney, Spellacy, Downey, Harmon, Newman, Reddy, Dietcher, Murray, Fitzgibbons, Stellar, Beresford, Carr, Burke, Toohey, Dugan, Maloney and Burkin.

The nurses' alumnæ of the Albany Hospital have adopted a resolution making the last Wednesday of each month club day. All members are requested to be present on these occasions.

Miss Maude Kikelham, formerly a nurse in the Albany Hospital, has been appointed assistant postmistress at Haines Falls, Greene County. Mr. and Mrs. Peter Schermerhorn have left the city.

Mrs. Jessie G. Cuyler is engaged nursing at the Sahler Sanitarium, Kingston, N. Y.

Miss Sarah Murphy, of Saranac, and Miss Nellie Graham, of Philmont, have entered the Training School for Nurses at the Albany Hospital.

#### + Utica, N. Y.

The exercises of the graduating class of nurses of Faxton Hospital were held at the hospital Saturday evening, November 23. The rooms were prettily and tastefully decorated with palms and flowers and the founder's portrait, with the Red Cross flag, in recognition of the subject of the speaker of the evening, the Hon. Colonel William Cary Sanger.

Rath's Orchestra furnished fine music at intervals throughout the evening. The exercises opened with prayer by Rev. J. Winslow Clarke. Dr. J. H. Glass presided and introduced the speaker.

Among other things Colonel Sanger said: "The work of the Red Cross Society does not appeal to all, for they cannot see the use of it in time of peace." Colonel Sanger made this the principal point of his address, to show how useful such an organization is in time of peace in caring for the sick in times of epidemic and the wounded in time of casualty. In Germany the society has an important part in the campaign being made against tuberculosis. In Italy the society takes measures to prevent the spread of fever caused by the presence of large marshes. Germany has between 3,000 and 4,000 nurses enrolled, a larger number than any other Continental country.

Colonel Sanger then stated that the Red Cross had committed itself to the crusade against tuberculosis and also to the prevention of accidents, and urged nurses to affiliate with the society.

Dr. James H. Glass made an address to the nurses, in which he referred to the opening of the Vedder Memorial Pavilion, and expressed sympathy with the family in its bereavement by the recent death of Abram G. Brower.

Diplomas were presented to the following graduates: Miss Harriett D. Church, of Utica; Miss May Lincoln, of Hamilton; Miss Rose Peterson, of Rome; Miss Adelaide Baumgardner, of St. Johnsville; Miss Alwilda Wright, of Canterbury Station, Can.; Miss Bertha Williams, of Lowville; Miss Pearl Stout, of Auburn, and Miss Nettie E. Metzger, of Broadalbin.

Mrs. Edwin Thorn, president of the board, congratulated the graduates and presented each with a case of instruments. The superintendent, Miss C. M. Perry, presented each with a book, and one of the members of the surgical staff presented each with an ice bag.

After the exercises many remained to inspect the Vedder Memorial. Ice cream and cake were served, and all were hospitably entertained. Later a reception was held in the nurses' building.

#### Wheeling, W. Va.

The Haskins Alumnæ Society of Wheeling, W. Va., held its annual meeting in the reception rooms of the training school December 2, 1907.

The following officers were elected: President, Mary Crump; first vice-president, Mary Hofman; second vice-president, Mrs. Deegan; secretary, Vera Thompson; treasurer, Alice Fowler.

The annual dues were paid.

Various matters were discussed by members present.

After adjournment dainty refreshments were served by Miss Bertha Mansfield, super-intendent of the training school.

VERA THOMPSON, Secretary.

#### Nurses' Association of Buffalo.

The December meeting of the Buffalo Nurses' Association was one of the largest and most brilliant in its history. Officers and members of all the Women's clubs in the city were guests. Mrs. Harriet Dorr Storck, the president, was in the chair.

The principal feature of the meeting was the paper, "The Cry of the Children," by Mrs. Frank H. Bliss.

The paper is one which Mrs. Bliss read before the Western Federation of Women's Clubs at its Rochester meeting, but was new to many Buffalo women.

Dr. Anna Shaw, after hearing this paper,

got up and said: "Women, what are you going to do about it?"

Mrs. Bliss gave a history of child labor and the Juvenile courts, and told of the cruelty and injustice to children as the result of indifference and neglect.

She also told of the work of the penny luncheon fund of the City Federation.

This is a plan by which several hundred little children in the public schools are given a warm luncheon daily. It has been very successful and last winter over seven thousand lunches were served. The association voted to give \$20.00 to this fund, and \$10.00 to the District Nurses' Association.

Miss Sylveen Nye, as chairman of the programme committee, introduced a class of twelve little Italian girls from school No. 3, and who had been patrons of the penny lunches. They sang Italian songs and gave recitations. They were in charge of Miss Anna Lord, the department principal, and were accompanied at the piano by Miss Rosina Lepino. In compliment to the nurses the little signorinas wore little gray uniforms and white kerchiefs and caps.

Miss Nellie Davis gave a report of the City Federation meeting, to which she was a delegate.

Mrs. Richard Williams, of the Buffalo Political Equality Club, addressed the meeting. Remarks were also made by Mrs. Hyatt Smith, Mrs. John Cameron and Mrs. Sickles.

At the close of the meeting ices and cakes were served by Mrs. Jennie T. Anderson, Miss Pearl Kamerer, Miss Emma Kuhn, Miss Margaret Fitzpatrick and Miss Mabel Hunt.

How can the present law, affecting the registration of nurses in New York State, be improved?

Discussion by members and others.

This will be the subject of the January meeting of the Buffalo association. As the Buffalo association opposed the passage of the present law, and has always felt that it was defective, some pertinent criticisms are expected.

#### New Jersey State Nurses' Association.

The regular annual meeting of the New Jersey State Nurses' Association was held at the Free Library of East Orange, N. J., on the morning and afternoon of Tuesday, December 3, 1907.

The president in the chair. The regular

routine business of officers' reports and reports of chairmen of committees and delegates occupied the morning session. The secretary reported a total membership of 250. Twentysix new members having been added during the year. Report showed that considerable money had been expended without succeeding in getting a satisfactory new bill through the Legislature at its last session.

The chairman of the old age annuity committee reported on steps being taken by an insurance company of Connecticut providing for a small income after a certain age for nurses who insure with them.

The required preliminaries in conformance with the constitution having been taken it was moved and carried a revision of the constitution be made. It was further moved that in doing this the date of the annual meeting be changed to the month of May in order to conform with other organizations in the State of New Jersey.

The afternoon session was called to order at 2:30 o'clock, when an address was made by Mrs. H. H. Dawson, president of the State Federation of Women's Clubs. Mrs. Dawson explained in a most interesting way what the State Federation stood for, and how it was possible, for so many different organizations, composed of women having widely varying interests in life, to work together harmoniously and advantageously. The State Federation, said Mrs. Dawson, divides its work into departments, i. e., the home, food, city, schools, legislation, organization, reciprocity, sociology, industrial and child labor.

After Mrs. Dawson, the president next introduced as speaker, Mrs. Frederick Crane, member of the child labor committee. Mrs. Crane announced that there is no law in New Jersey prohibiting night labor for a child of fourteen years, and it is to secure the passage of such a law that her committee is now working.

Three times as many accidents occur to children as to adults, and these are sometimes such as to maim the child for life.

At the close of Mrs. Crane's address the meeting resumed its business. Roll call showed but a small attendance.

Election of officers was as follows: President, Miss Ellen F. Connington, of the Elizabeth General Hospital; first vice-president, Miss Frances Dennis, of Bellevue Hospital, New York; second vice-president, Mrs. Mary

E. O'Neil, Paterson General Hospital; secretary, Miss Helen D'Arcy Stephen, Orange Memorial Hospital; treasurer, Mrs. Henrietta Reid, St. Joseph's Hospital, Paterson.

#### Camp Roosevelt, New York City.

The members of Camp Roosevelt gave a "tea" on the afternoon of December 4 to Mrs. Henry Hunt Ludlow, president of the S. A. W. Nurses at 19 East Twenty-sixth street. Notwithstanding the stormy weather of the day, there were present a great many of the members and their guests. The affair was a marked success, and one and all agreed on having had one of the most successful affairs yet attempted by the Camp. The next meeting of Camp Roosevelt will be held by invitation at the home of Mrs. Ammerman, 2940 Seventh avenue, in the afternoon of Wednesday, January 8, 3 to 6 o'clock. All S. A. W. nurses are cordially invited to be present.

FLORENCE M. KELLY, R. N.

#### New Haven, Conn.

The regular monthly meeting of the Connecticut Training Alumnæ Association was held at the Nurses' Home on Howard avenue, December 3, 1907. There were fifteen members present. The meeting was called to order by the vice-president, Miss Stack, at 3 p. m.

The various committees made their reports to the association.

A new committee was appointed to provide entertainment for the next three months, consisting of Miss A. Lanfare, Miss M. Barrett and Miss M. Stack.

It was decided not to give a whist, but later have a lecture on China.

After the business meeting refreshments were served and a social time enjoyed.

ANNA G. WARD, Sec'y.

#### + Married.

Mrs. Annie Thomson, graduate of Park View Sanitarium, class 1906, was married October 31, 1907, to Mr. H. Carpenter. Their future home will be in Muscogee, Indian Territory.

In St. Paul's Church, Detroit, Mich., Miss Dora F. Riggs, class of 1905, Long Island College Hospital, Brooklyn, to Dr. Philip Edward Rossiter. Dr. and Mrs. Rossiter will make their future home in Pine Plains, N. Y.

Miss Clara Warburton and Dr. John Hathaway Long were married November 20 at Richmond Hill, Long Island. Mrs. Long is a Long Island College Hospital graduate, class of 1905. Their home is to be in Brooklyn, N. Y.

Mrs. Charles Doud announces the marriage of her sister, Florence M. Mastin, to Dr. Albert A. Joslin, Thursday, October 10, at Lowville, N. Y. Dr. and Mrs. Joslin will be at home at the Oriental, Watertown, N. Y.

The marriage is announced of Miss Agnes H. Lindeberg, of Norwich, Conn., to Mr. Nathan A. Bennett, of Southwick, Mass.

On September 10 Miss Mary A. Mulvey, Boston, Mass., graduate of Long Island Hospital, class of 1905, became the wife of Mr. William Brophy, of Dorchester, Mass. Miss Mulvey practised private nursing two years with success. The good wishes of her classmates and friends follow her.

#### Personal.

The Good Cheer Club, of San Jose, Cal., has a new nurse at work, Miss Hortense Stafford, who has been elected to succeed Miss Mabel Southwick, whose resignation was reluctantly accepted by the club last month.

Miss Stafford received her training at the Children's Hospital in San Francisco and has had other hospital experience.

Mrs. Annie G. Heath has resigned her position as nurse for the District Nurse Association of Ware, Mass., after four years of service that has been highly satisfactory. Mrs. Heath feels that she is in need of rest and recuperation, and she leaves with the best wishes of all that she may obtain them.

Miss Anna B. Rohan, of Springfield, Mass., has accepted the position of district nurse to succeed Mrs. A. G. Heath, and will begin her duties as soon as she can arrange to do so.

Miss Mabel King, class of 1907, Homeopathic Hospital, Iowa City, has located at Des Moines, Iowa, and will practise private nursing. Miss Mary E. Reid, for many years superintendent of Training School, Charleston General Hospital, Charleston, W. Va., and author of the well known book for nurses, "Bacteriology in a Nutshell," has opened a Nurses' Home at 1563 Lee street, Charleston, W. Va.

#### Obituary.

Miss Verna Rogers died at Elgin, Ill., June 10, 1907, of scarlet fever, contracted while caring for a patient. The deceased was graduated from Sherman Hospital in June, 1906. The Sherman Hospital Alumnæ Association, of which Miss Rogers was a member, had charge of the funeral services. The following resolutions were adopted by the alumnæ:

Whereas, our Heavenly Father has taken unto Himself our dearly beloved sister, Verna Rogers.

Resolved, That the Sherman Hospital Alumnæ Association of Elgin, Ill., has lost one who was always interested in every good work, and whose bright, cheerful character shall always be missed among her sister nurses; and be it further

Resolved, That we extend to her sorrowing mother our heartfelt sympathy in this dark hour; and be it further

Resolved, That a copy of these resolutions be published in the nurses' magazines and placed on record in the secretary's book.

ESTHER BISHOP.
BARBARA CULLEY.

It was with deep regret that the news of Miss Golda Williams's death was received October 10, 1907.

Miss Williams was a graduate of Centenary Hospital, in the class of 1906. She was a clever nurse as well as a kind and sympathetic one, and made many friends among those to whom she administered and of the people she met in a social way.

Miss Ida Bender died at the Park View Sanitarium November 23, 1907. She was a graduate of Columbia Hospital, Washington, D. C., class of 1907, and had just been at Park View Sanitarium as head nurse since October 15. She had endeared herself to all who knew her.

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Which I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS, JAMES A. ARMOUR, Alliance, Neb.

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## Book Reviews

Hospital Training-School Methods and the Head Nurse, by Charlotte A. Aikens, late director of Sibley Memorial Hospital, Washington, D. C., late superintendent of Iowa Methodist Hospital, Des Moines, and of Columbia Hospital, Pittsburg, associate editor of the National Hospital Record. Price \$1.50 (net). For sale by Lakeside Publishing Company.

This book is a pioneer in its special field. Though the list of text-books dealing with practical nursing is increasing almost monthly we have had nothing on the subject of methods of teaching. That there is a great need for this there can be no doubt, for, as the author states, "experience and observation have shown that many capable graduate nurses who assume the responsibilities of teachers and head nurses have but a very vague idea as to their relation to the institution, its officers, patients, physicians, pupil nurses and other head nurses."

In the opening chapter Miss Aikens tells us that "the ideal training is not that which covers the most ground, but that which fits a nurse to render the highest and best practical service to the sick." The problem then to be solved is. What are the essentials? Passing on to the chapter on the pupils, we find some valuable statistics, which bear on the subject of eligibility. Speaking of the highschool requirement she quotes the statement made by Howard Woolston in "Charities and the Commons," that "it is an indisputable fact that about ninety per cent of the pupils in the public schools leave before the high-school Perhaps two-thirds of this number fail to complete the grammar grades," and also a statement made by a prominent educator, that less than five per cent of the pupils in rural districts get any education other than that received in rural schools. In view of these facts the author believes that it is certainly perilous to fix an arbitrary educational standard at the present time, or to limit the supply from which applications will be considered to less than ten per cent of the population, unless we are prepared to cease to depend on training-schools for routine nursing in hospitals.

There is not a chapter in the book that does not contain valuable suggestions which we would like to call to the attention of our readers, would space permit. But we cannot refrain from noting Miss Aiken's appreciation of the "human need" as shown in the chapter "The Head Nurse and Her Patients." In speaking of the entrance of a patient to the hospital she says: "A few sympathetic, reassuring words would mean more at that particular moment perhaps than at any other time in his life, but if the head nurse is too busy to speak them, if she has not trained her nurses to think of them, they will not be spoken. She should teach her nurses that to allay the unspoken questionings and fears is as important as the mechanic work to be performed for the patient, and can be done quite naturally in connection with it. To tell a patient at the trying period of entrance, for instance, that nearly everybody who comes here gets well, that everyone will do everything possible to insure a good recovery, that he will like the hospital when he gets over the strange feeling, may mean the difference between peace of mind and mental distress. The neglect of such details does not always mean an absence of kindly feeling, but rather a thoughtlessness on the part of the head nurse that is deplorable. The very existence of the hospital reflects the desire of its founders, supporters and trustees to minister to human distress and bring comfort to the sick. It remains for the head nurse to interpret, in the truest manner possible, the real spirit of the institution. neglect it is to show clearly that she has a very imperfect understanding of the patients and their human needs."

We heartily recommend this book to all those who are trying to solve the nursing problem.

A Reference Hand Book of Obstetric Nursing, by W. Reynolds Wilson, M. D., visiting physician to the Philadelphia Lying-in Charity. 32mo of 258 pages. Illustrated. Flexible leather. \$1.25 (net). For sale by Lakeside Publishing Company.

In this valuable little book the author pre-

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sents the subject of obstetrics in a definite and forcible manner, and the details, while not profuse, are sufficiently emphasized to fix themselves permanently in the reader's mind. The entire subject of obstetrics is treated from the nurse's point of view, and covers every question involved from the beginning of pregnancy through the puerperium and care of the infant. There are twenty-three short chapters, each dealing with a separate stage of pregnancy, labor, infant feeding, as well as presenting the anatomy of the birth, canal, presentation and position of the fetus, the management of normal and abnormal labor, emergencies and complications, surgical interferences, and in fact with every question likely to confront the nurse in her care of patients in the pregnant state. An important fact noted in this work is that the author emphasizes the nurse's duties, and presents the subject in a way best calculated to be of practical service to her. Sixty-one illustrations are interspersed in the text so as to make clear the prominent facts presented as well as illustrating conditions and devices often requiring pages of explanation. The index is full and comprehensive. The book is bound in flexible leather and the size adapted to fit the pocket.

Home Care of the Sick, Part I. Lesson papers prepared by Amy Elizabeth Pope, instructor in trained nursing, Presbyterian Hospital, New York City. Price, 80c., postpaid. For sale by the Lakeside Publishing Company.

This book is one of the publications of the American School of Home Economics, Chicago, Ill.

As "THE TRAINED NURSE AND HOSPITAL REview" has to do with trained nursing, an exhaustive review of a work of this kind would be out of place in this magazine, but nurses often find women in the households in which they nurse who desire to learn at least the rudimentary principals of skilled nursing simply for home use. This book is one of the books they could safely recommend. There is nothing in it new to the graduate nurse, but what is in it is exact, as might be presumed to be the case with any book emanating from Miss Pope. It is well printed, well illustrated, and the questions for self-examination at the end of the chapters are decidedly searching and useful. This is the textbook edition. There is a larger, better bound edition containing considerable extra material at \$1.50.

#### Springfield (III.) Hospital.

An additional public hospital for Springfield is provided for in the will of the late Colonel Stephen Logan Littler. The testament creates a trust of the bulk of Colonel Littler's estate, which is said to amount to nearly \$1,000,000.

Provision is made for the payment of the net income to relatives and other beneficiaries until the death of the longest lived of the beneficiaries, when the entire trust estate is to become immediately available for founding and maintaining a new hospital.

Twenty-five per cent of the value of the property may be used in purchasing grounds, erecting buildings, and equipping the institution, and the remainder of the estate is to be retained by the trustee and the annual income is to be used in maintaining the hospital.

#### State Hospital for Little Cripples.

With fitting formalities the new State Hospital School for Crippled and Deformed Children at Canton, Mass., was opened December

Nine large buildings, erected on a 65-acre lot 300 or more feet back from Randolph street, near Washington, compose the hospital. There is an administration building, a hospital, a boiler and laundry house and five large dormitory and school buildings, all connected by a pergola or covered walk. This pergola is so built that if necessary it can be closed, wooden shutters being used.

The superintendent, Dr. J. E. Fish, was for four years on the medical staff of the State Hospital at Taunton and the past six years director of the family care department of the State Board of Insanity.

TACHYPHAGIA has been declared to be our national vice; and impaired digestive functions are a feature of many ills that flesh is heir to. The relative importance of pepsin or acid, achylia, hypo- or hyper-chlorhydria, while of interest to the clinician, is of less moment than the relief of the patient. Such corrective agents are to be exhibited as have been time-proven and found clinically not wanting.

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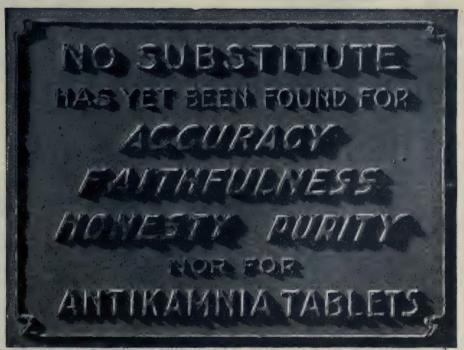
which has for years stood the test of time and trial, is a combination of digestive and enzymogenic agents in proper proportions to secure results by stimulating impaired digestive action and activating gland secretion. Indicated in all conditions that require physiological aid to restore digestive function.

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# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

#### The Increase in Charge at New Haven.

To the Editor of The Trained Nurse:

The recent increase in the charge by graduate nurses at New Haven has been so generally misunderstood and adversely commented upon that a statement of the conditions which existed, and the true purport of the so-called "fixing of rates," seems warranted.

The charges for a nurse's service were on an unsatisfactory basis. The standard of \$21.00 a week was a most elastic and variable one, with a growing system of extras and special prices for special diseases. The charge of \$25.00 was generally understood for contagious cases and many and varied were its interpretations. Many nurses were charging it for typhoid, some few for tuberculosis, some for strictly quarantine cases only. An extra of \$5.00 for fumigation was tacked on indiscriminately, according to the idea of the individual nurse. In case of death \$5.00 was charged for assisting the undertaker in addition to full time charge. Laundry and travelling expenses were regularly charged. Just what a nurse would cost was a most uncertain proposition, and the need of some uniform and more professional base of charge was recognized by both the nurses and those who employed them.

A plan was thought out and offered to each one of the nurses' homes, clubs and registries for consideration, and later an informal meeting was held, and the plan discussed and agreed upon. One account calls it a "special meeting," another infers that it was a State meeting, while in truth it was an absolutely informal calling together of the graduate nurses of New Haven. No notices of the meeting were issued by the press, nor was the State Association or either of the local alumnæ societies asked to act in the matter, though each one was well represented in the meeting. How the papers of the State received the news I do not know. It was unfortunate and regrettable. Either some nurse failed to understand, and this seems unlikely, or else was misunderstood and misinterpreted beyond the usual newspaper average.

Just what was agreed upon was this: To charge \$25.00 a week for all general practice, including, of course, typhoid and tuberculosis; to charge \$30.00 a week for strictly contagious cases, those requiring quarantine. These charges are to include everything, all expenses of the nurse—except, of course, her board—for cases in the city; railroad fare to out of town cases is to be charged.

It was generally accepted and agreed upon as being a fair arrangement. It was done simply to eliminate the unprofessional charging of expenses, and to make such a charge as would on the average balance them, and also to establish a uniform classification of cases—an honest effort to become more professional and more business-like. No one is restrained in any way from doing absolute charity work or lowering her charge if conditions appeal to her as worthy of that consideration. On the other hand, there is no authority to prevent any nurse from charging the "extras" as before, but such action would be much deprecated by the large percentage which stands for a square deal.

I hope I have put our meaning and intention clearly, for it is a matter of regret that it has been so misunderstood. If the action of the Virginia nurses has received equal misinterpretation we extend cordial sympathy.

A NEW HAVEN NURSE.



#### Raising the Rate in New Haven.

To the Editor of The Trained Nurse:

In regard to the nurses of New Haven changing their price from \$21 to \$25 per week, would like to explain that it was not at a State association or alumnæ meeting that this action was taken. Unfortunately, in New Haven we have no county association, so several of the nurses who for many reasons believed our work to be worth \$25 per week formed a committee, and carefully searched the city directory and diligently inquired about the location of graduate nurses. Then they invited all that they could locate to meet

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This is explained in our helpful book, "How to Care for the Baby," a cloth-bound copy of which, together with samples of Eskay's Food for trial purposes, will be gladly sent on request.

SMITH, KLINE & FRENCH CO. 436 Arch Street, Philadelphia at a stated time to take up the matter. One hospital superintendent, when asked where her graduates were located, replied that she did now know (the nurse out of courtesy had explained her reason for wanting to reach this hospital's graduates). Therefore only one graduate of this particular school was present at the meeting. But among the nurses who were present there were graduates of about ten different hospitals located in New York, Massachusetts and Connecticut. It was this representative body of women who voted unanimously to raise the price. There are a few weaklings in the profession here who evidently cannot decide for themselves what price to charge, and have to call up their former superintendent and ask whether or not they shall charge \$25. These same weaklings will continue to work for the old price, because their former superintendent, who knows nothing about private work from actual experience, tells them \$21 is enough to charge.

if every woman doing private nursing would belong to her alumnæ and attend the meetings as regularly as possible she would there meet women who could intelligently discuss the pros and cons of private work. majority of women who excel as teachers and have been the means of uplifting the standard of training schools cannot fully understand the work of the private nurse (never having worked outside of a hospital); therefore a superintendent is not competent to decide what private nursing is worth. In the course of each year private duty nurses give several days', or even weeks', work for charity, but, with a true charitable spirit, they say nothing about it.

The business people of this city say that nurses should have \$25 a week; that the number of hours we work and the many privations we of necessity put up with are well worth it.

A PRIVATE DUTY NURSE.

#### Her Individual Affair.

To the Editor of The Trained Nurse:

May I have the privilege of your columns to enter protest against this never ceasing clamor about the establishment of a standard fee, and when and where and how the nurse shall fit the wage to the means of the employer. The "News Letter," of Waltham, says: "A nurse who refuses to go out for less than \$21.00 under any circumstances is not doing her duty." Her duty to whom? Is not the nurse an individuality who is to choose for herself her own code of right and duty? We say of the layman, "He isn't neighborly," or, "He isn't charitable," if he doesn't help out when some family is in trouble, but of the nurse, "She doesn't do her duty!"

I do nursing primarily as the business by which I earn my living. If I do it because I like to do it, and feel that I am fitted for it, and can do it better than I can do any other work, why isn't that sufficient? What more is required of me than honest effort to do well the work I have chosen? And then let me stand or fall according to my merit.

Call nursing a profession, a vocation, or a business—what you will—the great majority of us are doing it as a means of livelihood, and to my mind whether I do charity work or absolutely refuse to do it is my own private individual affair as much as it is the man's prerogative to give or refuse to give to the beggar on the street. No one, no association, has a right to establish a "rule" concerning my charges. What I charge is my personal affair, a business agreement with my employer. If my sense of fellowship causes me to agree with my co-workers on a uniform charge, or if I connect myself with a registry having a fixed rate, I am in honor bound to live up to my agreement, but only Accepting a money present in excess of the rate or giving free weeks of service is a childish sort of evasion. Tommy's mother told him not to go out of the gate. He obeyed her, and climbed over the fence.

If Miss Jones will work for \$21.00 and a stand for \$25.00, let it work itself out If I am worth \$4.00 more than she is, let me prove it. If I'm not, let me go to the wall. I consider the commodity I have for the market worth \$25.00. Take or leave it! Call it professional service, attendance or work as you will; it is a commodity on the market, and to be bought. It will be paid for or a cheaper article proven as good according as it is or is not of merit.

Why should nurses be ever subject to dictation as to what they shall or shall not, ought and ought not, may and may not charge, think, say, do, give, withhold, eat or drink? We are dictated to by hospitals, training

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NEW YORK

### PUNY BABIES

often develop into sturdy children, if properly nourished. Marasmus is frequently due, no doubt, to faults of metabolism; but it may be, and not infrequently is, caused by lack of proper nourishment, the natural forces of the child being very ready to respond if only suitable pabulum is offered it. The choice of the proper food is a question of the highest importance, yet it is only too often lightly decided by unthinking persons by the choice of a food which does not furnish the nutriment demanded by nature to develop the strong and healthy child.

### LACTATED INFANT FOOD

provides every constituent required by nature for the sturdy, healthy development of the growing child. It approaches mother's milk more closely than any other food. Its nutritive constituents are combined in such proportions that any variety of combinations can be readily made by Physician, Nurse or Mother, to meet every condition and requirement for the proper feeding of the baby. Lactated Infant Food has been used by thousands of physicians everywhere, not only in practice, but in their own homes.

The extensive experience of countless physicians is its strongest testimonial.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses. Wells & Richardson Co.
BURLINGTON, Vt.

schools, nursing journals, State associations, doctors and first, last and always, by laymen, about all these things.

I elect to be a free lance. There are, it is true, conventions in our profession in its various relations which I respect, and to which I conform, but I believe that if my perception of what is fair and square, from a business, ethical and professional viewpoint, is erratic, it will prove itself so effectually, and show me my error just as plainly as any method of rule or regulation.

AN INDEPENDENT NURSE.



#### Menstrual Flow in Infants.

To the Editor of The Trained Nurse:

Will you, through the columns of The Trained Nurse, please tell the cause, or at least explain the reason, for a menstrual flow in a new born babe? I know of three cases in one family where I have nursed.

A GRADUATE NURSE.

Dr. Joseph B. De Lee, in his book Obstetrics for Nurses, says: "Once in about fifty cases of female infants a bloody, apparently menstrual, discharge appears on the napkin. In one case it was so profuse that the little one's health was affected. She was listless and limp for a few days. The bloody discharge almost never means anything pathologic, but it may, and should therefore be promptly reported. Treatment is usually unnecessary. In the case cited a drop of ergot was given three times."—ED.



#### A Correction.

To the Editor of The Trained Nurse:

Investigation proves that an error was made in the report of our delegates to the convention of the Associated Alumnæ of the United States, held at Richmond in May, and printed in our Johns Hopkins Hospital Alumnae Magazine of August, quoted by THE TRAINED NURSE, but incorrectly quoted, in its October issue. The chairman of our committee wrote regarding the material of the Journal's pages, "some of that now appearing," etc. omitted the qualifying adjective, and so added to the injustice done the American Journal of Nursing by our delegate in seeming to report as an official occurrence what did not take place at Richmond. The Associated Alumnæ in no way recorded a want of approval of the American Journal of Nursing, and our delegate gave her own impression of what she got from the conversational criticism that always floats about in the atmosphere of large gatherings. Her statements, unfortunately, were not so worded as to make this clear. The Johns Hopkins Hospital Alumnae Association begs that, in order that the correction of their apparent criticism may reach without further delay the same audience as the editorial in The Trained Nurse, this periodical may find space for its immediate publication.

MARY CLOUD BEAU.

President Johns Hopkins Hospital Alumnæ Association. [See editorial.]



#### Underfeeding Nurses.

To the Editor of The Trained Nurse:

It is an outrage upon womanhood the way nurses at the average hospitals are fed, or, rather, underfed. Not only is this true of the average hospital, but this outrageous fact applies to seven out of every ten hospitals. Even in cases where a hospital in its medical department may rise to the very highest standard the meals served to the nurses are, in the variety, cooking and nourishing quality of the foods, of the most unintelligent and inferior order. But this is a part of the hospital that the public does not see. So prevalent has this custom of ill-feeding the hospital nurses become that the hospital superintendent who takes cognizance of the nurses' dietary is to-day the exception. Brush aside entirely the inhuman phase of this wrong, and no policy could possibly be more short-sighted.

The work of the physician is, of course, the most important in a hospital; but close to his work—and we are not straying from the truth when we say almost equal to it—is that of the nurse. In fact, so far as the patient is concerned, the work of the nurse is even more important on the score of her almost constant presence at the bedside. And not only does that presence mean constancy, but it must also mean cheerfulness. A nurse is always expected to be sunny in her disposition. She must have the patience of Job. She must be tireless to do. Her hours are long.

All these qualities, of which she is supposed to give freely, are no small drain upon the physical vitality, especially that of a

# Antithermoline

A Superior Surgical Dressing

Made from the best quality of imported Welsh Kaolin



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

FREE to Nurses—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

G. W. CARNRICK CO. 42 Sullivan Street :: :: New York City woman. But men or women, we are all human beings, and there is precious little difference in sex when it comes to the nourishment we require for our bodies. To work well we must be fed well, and the more exhausting and exacting the work, the more nourishing the food we require. Hence the dietary of the nurse should be a matter of the most important consideration, instead of, as it is today, being considered practically of no importance whatever.

It is a common remark among resident doctors that they would not stand the stuff that is put before the nurses. There is not one scintilla of doubt that if these nurses were men the present order of things would soon change of compulsion. And this is where the unfairness of the situation comes in. It is because these nurses are women, proverbially long-suffering and less prone to complain, that they are compelled to endure what men would not tolerate. Nor it this stricture either unfair or too harsh when the significant fact is considered that in the women's hospitals

throughout the country the dietary of the nurses is notoriously bad.

This careless treatment of a class of peculiarly hardworked women should not be allowed to go on. There is work here, and splendid initiative work, for the nurses who read these words—those who have the authority and the self-assertiveness to put it into execution.

The work of the nurse touches the lives of the public in a peculiarly sensitive and intimate way. Many owe much to her, and the least she may have is "fair play." To that she is surely entitled, if any one is. But she is not getting it.

As a personal remark I wish to say that as superintendent of nurses in a small hospital my lot has been very fortunate in regard to the dietary—unusually so. But memories of my training in two hospitals justify the assertions made above, and my sister nurses who trained with me will heartily indorse this statement.

MARION WHITTEN.

#### Guild of St. Barnabas, Orange Branch.

A regular monthly service and meeting of the Guild of St. Barnabas was held at the Church of the Holy Communion, South Orange, on the afternoon of October 31. This being the day previous to All Saints Day an address appropriate to that day was made by Archdeacon Cameron, rector of the church. In his address Mr. Cameron defined saints as those who had come out of great tribulation.

Before the close of the service four candidates were received into membership—one active member, one a priest associate, and two lay associates.

After service all assembled in an anteroom to the church, where a business meeting was conducted with the Chaplain in the chair. The report of Miss Hayden, delegate from the annual council, recently held at Washington, was one of the important features of the meeting. We had the pleasure of listening to a full and interesting account of the convention. A complete report of the convention will probably appear later in The Trained Nurse.

The Secretary of the Sick Relief Association urged that more Guild members join this branch of the Guild, and stated there had been more sick benefits recently paid than had been for a long time past. She further urged that the Guild room at the Valley Settlement be used more by the nurses.

Twenty dollars was voted to be placed in the hands of the Work Committee to carry on the work during the winter, it having been decided at a previous meeting that the Guild work this winter for the prospective summer cottage at Bradley Beach.

Mrs. Vincelette reported that the funds of the Anti-Tuberculosis Committee were low and proposed that the Guild help that society by holding a cake sale. The motion was carried and a committee appointed to conduct a cake sale at Grace Church parish house.

At the close of the business meeting the Rev. Mr. Cameron invited all to refreshments in the basement, where a pleasant social time followed.

# The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

#### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

#### The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

#### The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN @ HANBURYS CO., Limited
TORONTO, CAN. LONDON, ENG. NIAGARA FALLS, N. Y.

## A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

# New Remedies and Appliances

#### A Generous Offer.

Have you accepted the offer of the Pulvola Chemical Company, 60 Beekman street, New York, to send samples of Pulvola Toilet Powder to those who wish to know the real difference between their baby powder and the tale powders?

#### Never Without Them.

I have been using Resinol Soap and Salve for the past ten years in my home and practice, and am never without them. They give me entire satisfaction. Have never found any other soap or ointment to equal them.

> JOHN W. TURLEY, M. D., Desloge, Mo

#### Nauheim at Home.

The Nauheim bath is essentially a salt-water bath properly carbonated. The use of the Triton Effervescent Bath Salts renders its preparation at home simplicity itself. The Triton Salts come in packages, each package being sufficient for one bath, and containing full directions. See advertisement in this issue.

#### Wants Some More.

Belleville, Ill., March 20, 1907.

Obden & Shimer, Middletown, N. Y .:

Dear Sirs—Received the sample of Mystic Cream. Think it is fine. Would like a large jar. Enclosed please find 25 cents in stamps. And oblige,

Miss

(Name furnished on application.)

#### Regulin, for Chronic Constipation,

is simply ideal—being devoid of taste, nor imparting such to any vehicle—apple-sauce, mashed potatoes, breakfast foods, etc., and, furthermore, being perfectly harmless, is easily taken by young and old. Its effect is—carrying moisture to the hardened fecal masses and making them voluminous. Perfect cures of this obstinate trouble can be effected. To physicians, druggists and nurses three packages of Regulin are delivered for \$1.00 by The Reinschild Chemical Co., 71 Barclay street, N. Y.

#### Horlick's Malted Milk Toast.

Pour a cup of Horlick's Malted Milk (made by dissolving at least two heaping tablespoonfuls of Malted Milk powder) over two pieces of toast, and let stand on back of the stove for fifteen or twenty minutes. Zweiback can be used in place of the toast. Serve warm.

Send for a free sample of Horlick's Malted Milk and try it yourself.

#### Sexual Neurasthenia.

This distressing and frequently intractable malady is logically and successfully treated by the administration of Gray's Glycerine Tonic Compound. It does not act by temporary stimulation of weakened functions, but produces permanent benefit by its influence on the whole bodily nutrition. The nervous system is restored to a normal equilibrium and morbid fears are dissipated.

#### Used Almost Daily.

About two years ago I had a case of burn in which I first made use of Unguentine. From that time on I have used it almost daily in my practice, with results more than pleasing to me and my patients. I have had a dozen or more extensive burns, and in no case has the effect of its use been disappointing.

W. S. GILROY, M. D., Baltimore, Md.

#### Little Giant Ice Crusher.

This little machine is intended for household use or for a limited quantity of crushed ice. It operates easily and does the work quickly. The crushed ice is of a very uniform size. Either a small piece or a piece that fits the hopper will go straight through. It is built very substantially and will give years of service; nothing about it to get out of order. It is constructed so as to be convenient to set up and can be placed anywhere. It is provided with a pan to receive the crushed ice. Size: Hopper, 4x6 inches; height, 18 inches; weight, 30 pounds. Price, \$7.50. See advertisement in this issue.

## The Dangers of Cow's Milk

HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlés Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

### INSTRUCTION IN MASSAGE

### THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics Term: 3 Months Tuition Fee. \$60.00

Course in Electro-Therapy Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms Tuition Fee. \$30.00

#### WINTER CLASSES OPEN JANUARY 21, '08 6793 TREATMENTS GIVEN IN 1906

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

#### INSTRUCTORS

T. D. TAGGART, M.D. (Jefferson Med. College).
Wm. Erwin, M.D. (Hahnemann and Rush Med. Col.)
Frank B. Baird, M.D. (Univ. Pennsylvania).
Max J.Walter (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL (Pennsylvania Orthopædic Edith W. KNIGHT | Institute).

HELEN T. WALKER (St. Francis Xavier's Infirmary, Charleston, S. C., Penna. Orthop. Inst.).

Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

#### "Tri-Cel" Hot Water Bottle.

Is indestructible and will not suffer from boiling water. Will bear the weight of the patient without leaking or straining. Can be sterilized surgically clean by boiling. Is equally adapted to hot or cold applications. Will maintain an even temperature for an indefinite period by changing one cell at a time without removing the bag from the patient. Is a combined article which will last a lifetime for the price of one ordinary bag.

#### Evans's Throat Pastilles.

Miss Marie F. Gaul writes:

Peabody Conservatory, Baltimore, January 18, 1901.

"It gives me pleasure to say that at last I have found throat pastilles that are really efficacious. My pupils also agree that your Antiseptic Throat Pastilles are the best they have ever used." See advertisement in this issue."

#### Something New for Nurses.

There has just been put on the market something new for the nurse and lady physician. It is in the nature of a combination safety pocket, or three pockets in one, rather, whereby the wearer can carry her watch, fever thermometer, fountain pen, pencils or any other articles desired. It is made of fine leather, handsomely embossed, easily adjusted to the belt, and so constructed that articles cannot fall out. It is a very useful and convenient invention and indispensable for the sick room. Circular can be had by addressing the Safety Pocket Co., 1270 W. Polk street, Chicago, Ill.

#### Eminent Authority.

Dr. William A. Hammond, late Surgeon-General, U. S. A., said: "When I have succeeded in curing the patient, I continue the administration of the phosphates for a long time afterward, to provide for any deficiency which may exist. I know it does no harm, as the surplus is excreted."

Horsford's Acid Phosphate should not be confounded with any kindred preparation compounded by druggists or in the laboratory. It is not made by mixing the ingredients together, but is obtained in the form in which it exists in the animal system.

#### Produce Desired Action.

The scientific researches of Hamburger, Bunge and others, conducted during the past twenty-five years, have shown the immeasurable superiority of the organic compounds of iron and manganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds the peptonate, which is an organic-chemical combination of iron and manganese with peptone in a solution, known as Pepto-Mangan (Gude), is the most readily absorbed, and therefore the most efficient preparation of iron-manganese known, and as such is used with the greatest benefit in convalescent anemias.

#### "Worked Like a Charm."

The Anasarcin Chemical Company:

Gentlemen—In reply to yours of the 25th inst., will say the sample package of Anasarcin tablets was received. I gave them in a case of cirrhosis of the liver with ascites, in which I had tried the usual remedies without any apparent effect. I had decided to tap the patient when my attention was called to your remedy, and, although very skeptical about its being of any benefit, I gave it a trial. It "worked like a charm," entirely relieved the ascites, and a month has now elapsed and there has been no return of the trouble. Yours truly,

C. A. CHALONER, M. D.

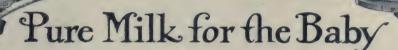
#### Relief in Rheumatoid Conditions.

"Every physician knows full well the advantages to be derived from the use of anti-kamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia, in combination with various remedies, has a peculiarly happy effect. Particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections, and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination."

—Dr. Pettingill, New York City.

#### Nervous Neuralgia.

Dr. Francis E. Anstie, a well-known London physician, describes neuralgia as "a disease of



can be secured only with great difficulty in most cities, and often the smaller communities are no better served.

Milk once contaminated cannot be made suitable for infant feeding. No amount of pasteurization, sterilization or modification can make poor milk a good infant food. The fundamental question in infant feeding is one of pure milk—safe milk.

## Highland Evaporated Milk

is obtained from finely bred cows living under the most favorable conditions of model dairy farms. The pure full-cream milk is tested, to ascertain if up to our standard, sterilized, evaporated (reduced two and one-half times), placed in aseptic cans and again sterilized. For infant feeding it possesses many advantages. The quality is uniform, the casein is more easily digested than that of raw, pasteurized, or boiled milk; it can be modified as desired and is absolutely pure.

As it is beyond human skill to secure absolute uniformity in the full output of our large factories, we are marketing our second grade at slightly lower prices as

#### **Pet Evaporated Milk**

It is but a trifle lighter and less constant in consistency than our HIGHLAND brand. It answers where scientifically exact feeding is not required.

We are the originators of Evaporated Milk in this country, and our two products are the standard of quality. They offer the simplest, most uniform and satisfactory substitute food for infants and may also be used in place of dairy milk for all household purposes.

Trial quantity on request.

HELVETIA MILK CONDENSING CO., Highland, Ill.

the nervous system, manifesting itself by pains, which, in the great majority of cases, are unilateral, and which appear to follow accurately the course of particular nerves, and ramify, sometimes into a few, sometimes into all, the terminal branches of the nerves." It is readily observed how such a disease permeates and controls the entire nervous organism, and to be eradicated some remedy that directs its sedative force against the central ganglia must be employed. Such a remedy is Daniel's Concentrated Tincture Passiflora Incarnata. Its action on the nerves is direct and potent, and, unlike the opiates, leaves the mind and bodily organs in better condition when its effects subside.

#### +

#### "Born to Blush Unseen."

Full many a flower is born to blush unseen 'tis true, but, on the other hand, full many another flower that is not a child of obscurity, becomes a victim of arrested development and loses the glory that blushed and bloomed.

Obscurity is hard to beat therapeutically, but arrested development will often respond to an impulse given to the life forces. Many a run-down, anemic child, many a young girl who seemed to be going into a decline, is pulled back into shape by the timely administration of a good reconstructive tonic; and of these there is none more effective than Wampole's Preparation of Cod Liver Extract. The alkaloids of cod livers seem to have a powerful effect upon the centres of nutrition and assimilation.

#### +

#### Never Disappointed.

While I have had occasion to use Ergoapiol (Smith) in very many cases, I cannot recall a single instance where I have been disappointed in the results hoped for.

A commendable feature observed is the possibility of following the administration of this remedy until the desired physiological effect is obtained without producing any unpleasant or depressing symptoms.

In Ergoapiol (Smith) I have the fullest confidence that you will find a remedy possessing the highest therapeutic value in the treatment of amenorrhea, dysmenorrhea, fetid, scanty and suppressed menstruation, for in forty

years of practice I have not experienced the same satisfactory results with any other drug. J. E. Du Vall, M. D., Kansas City, Mo.



#### A Generally Useful Antiseptic.

Tyree's Antiseptic Powder is one of the most generally useful antiseptic powders for hospital practice or in the office local treatment of leucorrheea arising from various causes, as uterine and vaginal catarrhs, that has ever been introduced. It is valuable in gonorrhœa, gleet, dysentery, catarrhal inflammations of the nose, throat, mouth, gums, etc Dr. W. M. Gray, Microscopist to the Army Medical Museum at Washington, D. C., by tests, has proven conclusively its bactericidal action as to the anthrax bacillus, the staphylocci of pus, etc. While it may be applied as a powder, when circumstances demand, the economy of its use consists in the fact that water (so as to make from 10 to 50 per cent. solution) may be added at the time its use may be required. A trial package will be mailed free of charge. Address J. S. Tyree, Chemist, Washington, D. C.

#### +

#### Schering's "Tonols."

The wide employment enjoyed by Schering's Glycerophosphates shows that in the decade of their existence they have established theinselves as the most effective form of phosphatic medication. Clinical experience abundantly proves that they supply an organic, readily assimilated phosphorus; that they are true cellular nutrients, exerting on all the tissues—especially on the osseous and nervous systems—a tonic and stimulant effect; and that they are the very best means of administering their respective bases (soda, lime, iron, strychnine, etc.).

Glycerophosphate of sodium and combinations of the glycerophosphates have in the past required bulky vehicles (syrups and elixirs), which contain such undesirable ingredients as glucose and alcohol, are liable to decomposition, and materially enhance the cost of the medication. This difficulty is overcome by Duotonol, Triotonol, Quartonol and Sextonol, which present the glycerophosphates in a compact and stable form, convenient for carriage and administration.

#### PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES

School of MASSAGE AND ELECTRICITY

The Original Place and The Original Method

Four months' course of instruction in Massage, Swedish Movements and Electricity

Fee \$75 for Massage and \$25 for Electricity. Board not included Payment in advance

Lectures Given Weekly by Members of the Medical Staff of the Hospital

Practice daily under constant supervision
Certificate Given

Classes are formed in October and January. Pupils have access to the Wards of the Hospital and the numerous cases referred from the clinics

For further information address

SUPERINTENDENT

# The Nauheim Baths are given by means of the

Datiis means of the

# TRITON EFFERVESCENT Bath Salts

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

THE TRITON COMPANY

Schieffelin & Co.

NEW YORK

Sole Licensees and Sole Agents

#### In Obstetrical Work

the need for an
effective tonic
both before and
after parturition
and in the trying
period of lactation
is often very urgent.

## Gray's Glycerine Tonic Comp.

not only meets every requirement but it can be administered without a fear as to any untoward effect on either mother or child.

Effective, reliable and safe.

THE PURDUE FREDERICK CO.
298 Broadway, New York.

#### This Should Interest You.

It certainly is of interest to know that a very powerful antiseptic, germicide and disinfectant has been discovered which is practically free from all danger. The name of the product is Chinosol, the exact chemical name being potassium oxychinolin sulphonate.

The eminent German authorities, Beddies and Tischer, in the Allg. Med. Centr.-Zeitung, state the power of Chinosol in arresting diphtheria, cholera, typhoid and saprophytic bacteria to be thirty to fifty times greater than carbolic acid. They state, in fact, that the bactericidal power of Chinosol is simply enormous.

Prof. Steenhuisen reports Chinosol as being far superior to corrosive sublimate or carbolic acid.

Prof. Emerich reports favorable results in the treatment of ulcers and infected wounds with a Chinosol solution even as weak as I to 40,000, and yet over 125 grains of pure Chinosol have been administered to a rabbit for three consecutive days without any undesirable results whatever.



#### Danger of Soles That Retain Moisture.

In a recent number of the Ladies' Home Journal —in her department, "Pretty Girl Questions"—Emma E. Walker, M. D., says:

"Leather is sometimes treated with glucose and barium, so that it absorbs and retains moisture to a high degree. A shoe made of such leather is never dry, for the natural moisture of the foot is retained by the leather, which makes a dangerous foot covering."

These foreign substances are used in the process of tanning to add weight to the sole leather, which is sold by the pound. Shoes made from such leather, as Dr. Emma Walker says, are dangerous because of their constant, dampness.

In tanning the leather that is used for the soles of Red Cross Shoes, none of these "weighting" substances are used. Red Cross Shoes are from one to three ounces lighter than ordinary shoes.

If you wear Red Cross Shoes, you know

what this freedom from forcign substances means. If you do not wear them, write the makers, Messrs. Krohn, Fechheimer & Co., for their booklet, "A Lovable Shoe." It shows the importance of foot comfort to health and shows the latest styles. The Red Cross is made in glazed kid, tan and patent leathers.



#### Practical Points from Meinecke & Co.

Before inserting the stopper in an ice bag pull down the bottom of the bag and then insert the stopper. The bag will contain enough air to prevent the top and bottom from sticking together.

To prevent the stopper from sticking in the neck of an ice bag place a piece of tissue paper around the screw thread on stopper before screwing the stopper into the bag.

By placing an ice bag in an ordinary paper bag before applying prevents the patient from getting wet from the sweating of the ice bag.

When buying an ice bag insist upon having one with a rubber-covered stopper, as the rubber cover prevents the washers fom being lost.

Insist on your dealer selling you a hot water bottle having a "Holdfast" Unloseable Stopper, so that when you hang the bag up to drain the stopper cannot be lost.

When the bag is drained pull the bag apart before inserting the stopper, and enough air will enter the bag to keep it from sticking together.

Before applying a hot water bag to a patient put it in an ordinary paper bag; it will then retain the heat longer and will not burn the patient.

When giving a patient a drink the glass or cup should be half full, so that the patient can tilt it more easily.

The "Simplex" Sick Feeder is the best feeding cup on the market, as the outer rim doesn't touch the patent's nose when he tilts the cup.

When a patient is using a cup while he is lying on his back, the back of his neck should be supported by a pillow and the back of his head free.

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# The Trained Aurse and Hospital Review

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NO. 2

## Building a Training School

CHARLOTTE A. AIKENS.

TO erect a training school building with modern classrooms, dormitories and living rooms is a comparatively easy matter. To build a training school is a different and a larger problem. To be able to plan and carry to completion a modern institution without a misfit, blunder, or superfluity in any part, or to build one of the great floating palaces necessary for ocean transportation, is an achievement worthy of the age in which we live. Scientific knowledge is necessary, and accuracy in every detail of workmanship can alone lead to success. The whole world is ready to give its meed of praise to those who undertake and carry forward such enterprises.

But those who undertake this kind of building are dealing with inanimate things, which can be measured to the smallest fraction and shaped according to the will of the builder. Those who build a hospital training school have to deal with living material. They must carry on their work subject to influences which they can only indirectly control They are trying to build what eyes cannot see; to develop an ideal that exists in the mind; to shape human character, to develop legitimate ambitions; to train human hands and hearts and brains to

the end that the highest and best form of service to the sick may be possible. This, after all, is, or should be, the great aim and object before every training school board. Those who build wisely and well a hospital training school deserve far greater credit than those who plan and direct the construction of a twentieth century skyscraper. Their task is far more difficult than that of the man who builds with stone and wood and iron.

The great difficulty with training school development in America has been that the vast majority of those engaged in such work have been working largely or entirely at random. Things have been put into the course here and there without any good reason for including them in the training process. In many cases neither the authorities of the school nor the lecturer who was supposed to impart the instruction, could tell what definite results they hoped to produce as the outcome of a large part of the instruction given, and the interests of the sick, as well as of the pupils and the institution, have suffered as the result of random training. To build a training school one must have good material and teachers who know how to develop it. The old idea dies hard that every man (or woman) who holds a diploma from a medical school in some mysterious way becomes possessed of the ability to teach nurses. Some of the most capable physicians in the practice of medicine have shown themselves to be lamentable failures when they tried to occupy the teacher's chair. Every nurse can remember with gratitude the clear, concise, systematic, practical teaching received from some physician. She knows that some of her best lessons were learned under his direction and tuition. Years after her diploma has been signed she finds herself turning over the familiar pages of her notebook to refresh her memory about certain things. She also remembers with feelings of weariness and impatience the other kind of teacher who talked at random for an hour and a half at a stretch about some subject which she knew would be of very little if any use to her in the real practice of her art. Not long since I was told of a course of five lectures given last year to the nurses of a certain school on "The Ear." Now, granting that the ear is an important part of the human anatomy, the amount of knowledge that a nurse needs to have about the ear and how to care for it in health and disease could have been covered in one, or at most, two practical, simple, concise lectures. All these ear lectures were given after 8 o'clock at night, and tired nurses were obliged to sit hour after hour listening to a mass of detail about ear operations and treatment from which they could never hope to derive any benefit. "The doctor got a good chance to advertise his specialty. and incidentally the specialist, and he used it to the full," was the comment made by the person who related the instance. In one curriculum thirty-six lec-

tures on anatomy were scheduled for last year, and divided among eleven doctors. Think of the weary hours the nurses of that school must have known as the eleven came in, one by one, to lecture on anatomy. What a miserable farce called training it must have been as they tried to put together the patchy lectures of the eleven!

It is safe to say that no really successful training school will ever be built by the use of such methods. Not only the subjects to be taught, but the teachers who are to teach have in many cases been chosen at random, and the result is a thing called a "system of training." which is well deserving of all the adverse criticism it has received from all sorts of people. It is high time for a reactionary movement to set in, or any movement, which will mean a careful analysis of the general situation and the introduction of rational common sense methods.

The custom already inaugurated insome schools of employing and paying two or three physicians to do the necessary teaching, in addition to that which is taken care of by the superintendent and her assistants, is one that will accomplish much in getting rid of the superfluities which have gotten into the course of study, the rubbish with which nurses have been burdened and of which so many are complaining. One lecturer thinks his specialty is of supreme importance and insists on putting as much as he possibly can of it into the course. Another is an enthusiast on another line. Number three complains that the other two are getting more attention than he, and that his specialty has not a fair show, and the superintendent of nurses wants to place the emphasis some place else. Under a plan of paid instructors this foolish rivalry will be avoided. The

sum paid for teaching need not be large, but even a small sum gives the hospital a control over the training school studies and teachers that is impossible under present methods, where the teaching is, for the most part, committed to unpaid volunteer and often wofully incompetent teachers. If a physician is paid even a small sum to teach, he can be called to account if he is wasting time by introducing unprofitable topics into his lectures. If he doesn't fill the bill as a teacher he need not be retained. If he is ambitious to excel in that work, and satisfactory, he can be carried on the teaching staff for years.

What kind of teaching have we a right to expect when we appoint a physician to teach a certain subject for no other or better reason than that he will be jealous if he is not invited?

A couple of paid instructors in every school to whom will be entrusted the bulk of the teaching aside from actual nursing instruction is an ideal well worth striving for in every school, however small. Two lessons a week throughout nine months of the year, or even less than two some weeks, would be sufficient to cover a practical course in a systematic way, and the cost would be so small as not to be burdensome to even the smallest hospital. When an institution decides to employ a teacher of dietetics or massage it raises the money to pay them, and there is no reason why the same should not be true of the teaching on other lines. It is simply a question of thrashing over the subject, pro and con, and deciding to do it. In the end it is a real economy.

If the course were divided into two main divisions, which, for convenience, might be classified as medical and surgical, with the understanding that all the

important subjects to be taught should be assigned to one of these departments, a teacher would get, at the beginning, a grasp of the whole situation and could systematize his knowledge accordingly. Fewer and better lectures would be given and this would mean a great saving of nurses' time. When a class of a dozen nurses have to sit for an hour and a half listening to a lecture that they did not need, which they did not clearly take in, and from which they would derive no benefit if they had, it means a clear waste of eighteen hours of nurses' time, besides the lecturer's time. better would it be in the long run to let the doctors skip many of the lectures on medical subjects and spin off in their automobiles and the nurses play tennis or indulge in a game of snowballing than to shut them in the hospital to carry out a senseless program such as is being carried out in hundreds of hospitals at the present time.

For the teaching process to take place there must be a teacher who knows not only the subject matter to be taught. but who understands the business of teaching it. There must also be pupils ready to receive instruction. tempt to limit by legislation the supply of pupil nurses or to discriminate against candidates who have not had a high school training has already been defeated in some States since its adoption, and it is certain to be defeated in others, for the simple reason that enough high school pupils cannot be obtained who desire training, and the ranks in the training school must be kept filled. The law of demand and supply can never be successfully ignored for very It is more powerful than any other law, and influences every line of the world's activities. Good legislation is a good thing, and foolish legislation is a foolish thing, however eminent and highminded its promoters may be. There is no need for any one to become panic stricken because of freak legislation along this line, for adjustment is sure to follow in response to genuine human needs when once those needs are made public.

The term "elevating the standards of training" has been so glibly used in recent years by all classes of people, lettered and unlettered, that it has become a veritable by-word, obnoxious to many broadminded, far-seeing individuals who are able to see underneath the surface. There are those who have sense enough to see that rushing ahead in a wrong direction can never be called real progress. There are those who believe that when it is clearly seen we are not on the best road for reaching the desired goal, that there is a safer, easier way of getting to the point we wish to reach, the wise thing is to admit that we have made a mistake and "find out where we are at" and look for the easiest, surest way to get out of the difficulty.

The task before hospital authorities is to take the raw recruits who have announced their desire to learn how to care for the sick and teach them how to do that one thing. "This one thing I do, not forty things I dabble in," is a good motto for builders of training schools.

The main question is not what the nurse thinks she would like to know, not what you, or I, or John Brown, may be most interested in, but what the sick people and the public need that training schools should give them. So long as our minds are filled with fads or mere notions without reason, so long will our present illogical and random methods

continue. Until we are ready to throw aside all prejudice brought about by either education, historical reminiscence, or unsystematic habits, and study the real object, the efficient care of the sick and how to provide for it; so long as we are willing to work at producing an elaborate, showy, superstructure called a "course of study," leaving out of consideration how much of that study a nurse will need to practice the art of nursing intelligently, so long will our methods excite the ridicule of thoughtful people, so long will the number who are willing to submit to the cramming process and accept the conditions prove inadequate for the real needs of the sick in institutions.

What kind of nurses do sick people in general need? This is above all a practical age. People are given to asking practical questions. The sick need a person who is, first of all, not above her business; who regards the comfort and peace of mind of the invalid as of paramount importance and is willing to exert herself to secure it; who knows how to intelligently observe his condition and minister to his needs. average invalid does not care a straw whether she has spent two years or three in reaching this stage of efficiency. He is, as a rule, profoundly indifferent as to whether she knows anything about embryology or the foetal circulation. He never thinks of asking if she knows how "to apply the flame test for sodium, potassium, calcium, strontium, by borax bead and Bunsen burner and by groups." Even the fact that she has, or has not, the right to write R. N. after her name fails to impress him forcibly one way or the other. He is anxious that his beefsteak shall be properly cooked served hot, and in an appetizing manner, but her ignorance as to the exact manner in which the nutritive elements of the beefsteak are to be absorbed by his body will not affect in the least his appreciation of her services. He wants a woman with a kind heart who knows how to give him the needed care and keep him comfortable, who will not try to organize a miniature hospital and demand three clean towels and a pair of clean sheets every day; who will be considerate of his circumstances, and make no unnecessary or excessive demands on his pocketbook.

To supply this kind of nurses is, or should be, the main business of the average training school. The amount and the kind of instruction needed to develop this type of nurse have never been determined. The one thing that has seemed to be decided has been the length of time required for the making of the nurse. Having decided on the length of time, we have proceeded to put in stuff of all kinds to fill it up, or to pass away the time. What would be thought of the builder of the modern building who first decided on the height of the building and then proceeded to throw in one thing and then another to help reach the desired height? Is not that practically what we are doing to-day, in building and developing training schools?

Whatever other causes are contributory to the present embarrassment, caused by lack of nurse candidates, we must, if we are honest, acknowledge that our lack of method, the false standards

of training that have been created, and the long term required for graduation are the main causes. In calling a halt and getting the business on a rational basis the wisdom of many minds will be needed. The system is on trial and a jury that is unprejudiced, that will weigh every point impartially, is as surely needed as in any court of justice. All over the country people are inquiring concerning this matter. "How much is a hospital responsible for arranging that its nurses shall be taught in order that they may be able to render efficient service to the sick?" is a present day question of great importance.

The American Hospital Association, composed as it is of men and women of broad experience in hospital work, of physicians, laymen and nurses, fully conversant with hospital and nursing needs. is the only association of which we have any knowledge that is in a position to take a broad, unprejudiced view of the present situation. This association has before it many important hospital problems, but none more weighty than studying out the essentials of nursing, and deciding on a minimum curriculum. Already plans are being made for the next convention, which meets in Toronto in September, 1908—plans that are farreaching in importance. It is hoped that the committee appointed to report on the progress of training schools will give this phase of the training school situation in the United States and Canada. the emphasis it deserves at this time.



## The Aursing of People of Moderate Means From the Viewpoint of the Physician

FRANKLIN W. BARROWS, M. D., BUFFALO, N. Y.

(Continued from January Number.)

THERE is, however, another phase of the problem—another side, which is forced upon our consideration because in the minds of some physicians it eclipses every other feature of the nursing situation and leaves the nurse herself in the midst of a penumbra of darkness, minus the halo with which she was always crowned in earlier days. I refer to the trades-union spirit, or policy—in a word, commercialism.

Says Dr. Lichty, of Rockford, Ill.: "I do not think that they are taught along exalted lines of altruism as physicians are. Nursing is not to be their life work." Dr. Maude McConnell, of Indianapolis, attributes to some representatives of the profession "a lack of the philanthropic spirit which all nurses are supposed to have." Dr. James Tyson, of Philadelphia, excuses this obvious defect by saying: "Perhaps they have not been educated to appreciate this highest purpose of their calling." This lack of altruism is alleged as the cause of unionism-the policy that is invading the ranks of trained nurses all over the land, according to our information; the policy that keeps a nurse idle for days in her room while poor people need her services and she needs the modest income that they are able and willing to give her. This business policy is severely arraigned by Dr. Gilman Thompson, of New York, a physician who has written much during many years for and about nurses.

brings against the nurses of New York the very same accusation that I myself would bring against the union carpenters, union paperhangers, union painters, etc., of my own city. He says:

"In no other occupation is one compelled to pay the same fee for services, good, bad or indifferent—\$25 for the best nurse, capable of managing an entire hospital, perhaps, and \$25 for the poorest, not capable of managing herself!"

This is the spirit, also, that discourages and ostracises the cheap nurse, whose only offense is that she has made a superficial preparation to do second rate or third rate work for sick people who can not get first rate nursing, either for love or money. The physician deplores the fact that the trained nurse will not give aid, comfort or even toleration to the woman who enters or proposes to enter this inferior line of service. To quote Dr. Gilman Thompson again:

"The trained nurse (the over-traine! nurse) monopolizes all hospitals and actively excludes every opportunity for the trained attendant to acquire instruction."

In this same spirit, Dr. Cochrane, of Albany, writes:

"Trained nurses (i. e., Registered Nurses) cannot be expected to work for less than the regular recognized fee, in view of the fact that they have spent three years in hospital training and are laborers worthy of their hire. On the other hand, they should not oppose the entrance into the field of domestic nurses with an abbreviated training, who are willing, and justly so, to work for small-

er wages among the class of patients described truthfully as 'limited means' patients."

Pardon me if I take the time to state this issue once more, clearly and finally, before passing to the last topic of this paper. The mere fact that there are not enough hospitals or trained nurses to care for the sick man of moderate means certainly does not deliver the sick man from his dilemma. He is bound to have somebody to nurse him; and that somebody, if she has the faintest spark of progressiveness, will seek the advice and instruction of some one who knows more than she knows-in other words, she will become partly trained for her work. In the very nature of her calling she is by no means the rival or competitor of the trained nurse. The patient needs her. The physician must work with her. Shall the trained nurse encourage her? Shall the trained nurse teach her and assist her to make the most of her slender resources? Or shall the trained nurse ignore her altogether and thus ignore that large class of society dependent upon her?

The physicians have suggested many expedients, in answer to question 5, for improving the character of the nursing service now rendered to the patient of moderate means. For convenience in discussing these forty "most feasible" plans, we shall have to group them under a few general headings.

I. Education. By thorough teaching of physiology and hygiene in our public schools, and by lectures and popular articles in the newspapers and other periodicals, the young and old may be taught many things that will serve a good purpose in making the lot of some sick friend safer and more tolerable. Education will also create new bonds of sym-

pathy between the sick and those who have the care of him, and will steadily increase the demand for competent nurses. According to Dr. Clements, of Buffalo, the family physician should take a part in this educational campaign by teaching his families, as best he may, the difference between skilled and unskilled nursing and by insisting at all times on the necessity of getting the best possible nurse for his patients. Such faithfulness would help to redeem him from the criticism made by Dr. Lytle, of Buffalo, who says that the physician is persistently disloval to the trained nurse in that he too frequently expects her to reduce her charges, or to give place entirely to a cheaper nurse.

- 2. Hospital Facilities. These should be greatly increased and more attention should be paid to the needs of the patient of moderate means. Dr. Lichty, of Rockford, Ill., advocates a system of "community" hospitals, to be established in villages throughout the country for the benefit of those who are remote from large cities.
- 3. The Visiting Nurse. Organizations which supply trained nurses to visit the sick and care for them gratuitously, or at a nominal charge, are in great favor with the physicians; they are warmly advocated as a feasible solution of this problem, by Dr. Snyder, of Toledo; Dr. Scott, of Niagara Falls; Dr. Pitts, of Providence; Dr. Smith, of Bloomington, Ill.; Dr. Clements, of Buffalo, and others. Dr. Gustin Welch, of Niagara Falls, is in favor of some such plan as that followed with great success by the Victorian Order of Nurses in Canada. One reason why the visiting nurse commends herself to the physician is because she not only attends to the wants of the

sick, but serves as a most efficient teacher of hygiene and other useful subjects, at a time and place in which such instruction is most eagerly accepted.

4. Special Funds for the Endowment of Nursing Service. The John Crerar Fund, in Chicago, assists the patient in paying for a trained nurse. For example, a patient who is able to pay the nurse only \$10 a week may draw \$15 per week from the fund to make up the deficiency in the nurse's pay. This endowment is commended by our correspondents in Chicago and is well worthy of imitation by the philanthropists of other cities.

5. Low-priced Nurses and Attendants. Dr. James Tyson, of Philadelphia, writes:

"Either the trained nurse must be willing, as physicians are, to take such cases at less than their usual fees, or they must consent that there shall be a class of nurses not so well trained as their more favored sisters, who are willing for this reason to work for smaller compensation."

As to who shall constitute this class, and how and where they shall receive their training, there is a large variety of suggestions. Several physicians favor the sending out of pupil nurses, under supervision of competent instructors. Dr. George Roberts, of Buffalo, would have classes of nursing conducted by the churches, for the purpose of instructing attendants for the sick. Dr. Snyder, of Toledo, favors

"a course of nursing for girls, lasting two afternoons a week for six weeks, as we do cooking and sewing in our manual training course; this to be supplemented by the supervision of a visiting nurse, such as our visiting nurse society gives the poor, and especially the tubercular poor, of this city."

The methods of the Albany Guild for the Care of the Sick, and the Eastern New York Training School for Domestic Nurses involve more time and work, but they are abundantly justified by the results.

Dr. Gilman Thompson, of New York, would have the attendants prepared for their work by a course of training in the hospital wards under supervision of trained nurses. As he himself states it:

"Hospitals should admit for brief periods of study (say six months) a class of trained attendants who should be exercised in the care of ordinary cases of illness not involving special technical skill, or extended experience, and who could in serious cases aid the trained nurse in the work and during convalescence supplant her at less expense to the patient."

There is no one plan that is so generally contemplated for the solution of our problem as this plan for providing trained assistants. There is no doubt that it will prevail over all other methods of caring for the sick of limited means, in many of our cities. It should be a matter of the greatest concern for nurses and physicians to see that the attendants thus provided shall be the very best that the exigencies of the times will admit. To this end, the physician asks the nurse not to scorn this movement, but to lend a hand.

6. Case Nursing, or Hourly Nursing. This method of caring for the patient of moderate means commends itself to us all for the reason that it offers the trained nurse an opportunity to help these people without impoverishing herself or detracting from the first-class quality of her service. It opens the way, also, for a friendly and helpful association, on the same case, of the trained nurse and the assistant nurse. Case nursing is highly endorsed by Dr. A. T. Bristow, from whose letter I will quote. He says:

"Few nurses, so far as I know, will give a patient a half hour's attention for less than \$1.50. At this price there is

little economy for the patient. The fees for case nursing ought to be brought to a point where the nurse could earn as much as she can earn when employed by the week, and no more: and it is just here that she can and should be willing to adapt her fees to her patient's means, as do the doctors. No nurse can afford to give her entire time to a case for much less than the standard fee. She could, however, shade her rates to one or two patients out of say six attended per day. An economical way of utilizing the time of nurses while waiting for weekly cases would be for the different homes to inaugurate a system of case nursing by waiting nurses, no one nurse doing all the case nursing, but the home taking charge of this service, the returns to be pooled and divided. Thus no nurse would be continuously away from the home for a long period, and so risk losing a weekly case."

Dr. Maude McConnell, of Indianapolis, suggests a similar plan, and reminds us that any nurses registry may be organized in such a way that the nurse at the bottom of the list will always be available for work at reduced rates, until she receives a more profitable call, and another nurse carries forward the low rate case.

In closing this review we observe that all the various remedies which the doctors have prescribed to relieve this economic disorder are calculated to make more work for the philanthropist, because without capital in the form of investment and endowment, such things as hospitals, Crerar funds, visiting nurse societies and

the like will have to wait. We cannot ask an association of nurses to capitalize any such institution, but we do ask for their moral support and co-operation in every enterprise that promises to reduce the sum of human peril and suffering incident to disease.

The nursing profession to-day seems extraordinarily weak in numbers when we consider the countless opportunities within its grasp, but it is strong, and stronger than ever, in the position that it occupies among the economic and social forces of our times. The medical profession believes in the trained nurse, and however disloyal-unchivalrouscertain physicians may seem, you may be assured that they have no desire to supplant the well-trained nurse by any sort of assistant or substitute whatsoever. Only when the most stringent economic conditions seem to make it imperative will the loyal doctor consent to this sort of substitution. Since the trained nurses are failing numerically to meet the growing demands upon them, it seems but right that they exercise a jealous interest in those forms of service that are to some extent taking their own place and usurping their function. In helping these various agencies and co-operating with them, the nurse has a fine field for dignified and fruitful work. The nurse holds the key to the situation. Will she open or lock the door?



## The Open Air Treatment at a Famous Health Resort, and Some General Health Directions

GEORGE F. BROWN, JR.

DURING a winter's sojourn in Saranac Lake, the noted resort in the Adirondacks for those afflicted with disease of the throat or lungs, the overworked denizen of the city, victim perhaps of the constant pressure of this commercial age, fallen by the wayside in the mad rush to acquire wealth or "barely make ends meet," is led back to the simple life, and to the ways of health that had become a past memory in the course of the conventional business and social life of the period.

Chief among the elements relied on to build up the weakened body is fresh air, the pure, dry air of the mountains, that comes laden with a healing balm from the great forests of pine and balsam of the North Woods. For eight long hours every day, broken by the hour of the midday meal, the patient who is trying to coax back health and reinvigorate the broken-down lung, sits out in steamer chair, wrapped up in fur coat and blankets, the feet protected by felt boots or moccasins. This is known as "taking the cure." On the porches of many of the cottages can be seen healthseekers, from morning till night, bravely and faithfully seeking to regain health through nature's remedy, fresh air. With chair thrown away back, some neither attempt to think nor to evince any interest in the surroundings, but stare blankly into the sky and simply vegetate, knowing that the pure, icy air is staying the ravages of the deadly germ. Others, raised to a sitting posture, pass the long

hours pleasantly, and often profitably, reading, even when it is most bitterly cold. Then some become so accustomed to the freezing cold of this Northland, that, in gloves with the fingers half cut off, they write with apparently as much ease as indoors. Cheerful, but quiet conversation and harmless banter fill in the time when there is little inclination to exercise the mind seriously. Even in the evening, after supper, some of the most persistent, in their eagerness to "chase the cure," sit out for an hour or more.

Though pure air is the chief element in effecting a cure, it is not the only one. The health-seeker is urged to eat an abundance of wholesome food, all that can be assimilated, forcing himself to eat even when there is no inclination. The diet includes roast meats, as beef. mutton, lamb, chicken, turkey and broiled steak and lamb and mutton chops. Pork and fried meats are not desirable. Vegetables fresh, when available, are an important item in the menu. Fruit is regularly provided for breakfast, oranges, grape fruit, apples, bananas and grapes. Nuts of various kinds are nutritious, and, with ice cream, often serve to mark the Sunday dinner as distinct. Pie and pudding are desserts allowable, but pastry of all kinds is of little value, and in a menu properly arranged is of little importance. On the other hand, jellies and custards are tasty and will aid rather than retard digestion. But to the health-seeker the distinguishing feature

of the diet is the milk and raw eggs. It is essential that the milk be rich in cream and the eggs fresh. Three times a day lunches of raw eggs and milk are served, between breakfast and dinner, in the afternoon, and after the evening meal. The patient does not have to leave his chair, an attendant takes the lunch to him on the porch. The eggs and the milk may be taken separately, or the eggs may be beaten up with the milk, according to the patient's taste. If taken alone,

at least one with each lunch, so that six glasses of milk daily is a good average. In this case also the quantity may vary with individuals from eight to ten glasses, and even twelve glasses. When this extra diet is used in such large quantities it is advisable to beat the eggs up with the milk, adding a little lime water and sugar, and then serve two or three glasses at a time from a pitcher.

Rest is the third element of the open air treatment. At first the patient is in



TAKING THE CURE AT SARANAC LAKE.

the egg is dropped into a glass without breaking the yolk, and swallowed down as a liquid. To some, raw eggs are disagreeable, so a little salt or lemon juice added makes them more palatable. The quantity of this egg and milk diet varies. From three to six eggs a day are usually taken; sometimes as many as eight, and rarely, ten or twelve. A glass of milk is provided with each meal, and

his chair all day long, except at meal hours. He is instructed to retire at 9 o'clock, not later than 9:30. During the night all windows in the sleeping apartment must be wide open, so that the air of the room may be constantly changed and thereby kept pure. A current of fresh air should be passing before the nostrils at all times. When the night promises to be bitterly cold, the experi-

enced health-seeker will, before crawling into bed, set his water pitcher outside the door, in the corridor. If this precaution is neglected, he knows he may expect to find a block of ice and a broken pitcher in the bowl next morning. He has also learned that it is wise to do the same with his ink bottle and his medicines that contain no oil. Occasionally a topic of conversation is afforded at the breakfast table when some one appears announcing that his ear or the tip of his nose was frozen during the night. Some brave and daring and enthusiastic ones strive to get as near to nature as possible and elect to sleep out on covered porches, protected by Japanese curtains from rain and snow. Of course, every measure of protection is taken to insure warmth in bed. Double mattresses are often necessary for those who sleep out Woolen night garments, of doors. sweaters, robes and bed slippers, some or all, are used, and many sleep between blankets. With a liberal supply of quilts and blankets, one need not fear a temperature of forty degrees below zero in the "wee small hours" of the morning. Those sleeping out often wear woolen helmets, with openings only for the eyes and nostrils. Ten hours is supposed to be the period of rest in bed; nine, at least. The bell for rising is rung at 7 in the morning. An hour or so before an attendant enters the room, to close the windows and open the register, or turn on the steam, so that the room shall be warm when it is time to dress. Breakfast is served at 8. Then at 9 the porch is sought, to continue the brave fight to regain health. A welcome break comes at I o'clock, for dinner; and again at 6, for supper, when, except for the most persistent the day's "work" is done.

Thus, in the open air treatment, three factors are relied on to bring about a cure, or effect improvement. These are pure air, wholesome food in abundance, and rest. The pure air curtails the activity of the disease when nourishing food is supplied so as to build up the body and provide healthy tissue which the germ cannot successfully attack, and when the whole wearied system is afforded a complete rest so that nature can repair the waste already created, unimpeded by the waste necessarily incident to bodily activity.

The records of sanatoria in different parts of the country bear convincing testimony to the success of this method of treatment, in the restoration to health and usefulness of very many who have been treated, and in the marked improvement in every case cared for where the disease was not too far advanced. The fight is a weary one, a trying one, and the patient's watchwords must be hope and courage. Six months is the period commonly considered necessary for an "apparent" cure in incipient cases; longer, of course, in advanced cases. An "apparent" cure may be considered permanent if there is no relapse for two years. Should tuberculosis again appear in the case of a permanent cure it is due to a new infection. This is sanatorium teaching.

The period of rest and withdrawal from participation in the usual activities of daily life need not be devoid of brightness and enjoyment. There are pleasant acquaintances to be made. Cheerful, intellectual, helpful conversation makes the long hours seem shorter. Reading for pleasure and for profit keeps the mind occupied and banishes care and worry. Often the letters home and to friends are written out in the

chair, and troubles and sorrows are forgotten as daily experiences and the most trivial occurrences are related and perhaps tender solicitude expressed in warning against the breaking of the laws of health by loved home folks, and exhortation to turn towards the simple life. In many cases, after three months, the patient is allowed to walk an hour morning and afternoon. When the temperature in games of cards or chess or checkers on the porch, and in short tramps through the woods or to nearby points of interest, the "cure is chased" unconsciously because of the enthusiasm which exhilarates the mind and drives off trouble and care. Driving is one of the most favored forms of exercise. Indeed, one hour of driving is said to be equivalent to two hours in the chair in



GROUP OF HEALTH SEEKERS AT SARANAC LAKE.

has been normal (98.6) continuously for from forty to sixty days, confinement to the chair is not absolutely necessary throughout the entire day. But the patient must be out of doors all the time, and must, under no circumstances, do anything that will tire him. This stage of improvement reached, there can be social gatherings in the evening, with music, recitations, card playing and other games, but no dancing, and out of doors, in using the camera, at target shooting.

benefit derived, for those who have the strength to indulge in it.

Many attending to daily duties do not enjoy real good health, and yet the condition is not so serious as to make a trip to a health resort necessary. For most of these relaxation from overexertion in business or in social affairs, or both, coupled with care as to diet and daily exercise in the open air, will restore the system to its normally healthy state. In this connection the following list of some

general health directions is recommended for daily observance. If these are faithfully heeded there will be imparted to the body a luxurious feeling of cleanliness and vigor. The careful observer of them, if free from disease, will have little reason for not being always in physical condition to perform his duties and bear his responsibilities in business, social and civic life.

SOME GENERAL HEALTH DIRECTIONS.

- Food—Plain, wholesome, nourishing. Masticate thoroughly.
- 2. Rest—10 p. m. to 6 a. m. One or two hours in the afternoon if necessary.
- 3. Fresh Air—Living rooms, school rooms, bed rooms well ventilated. A current of fresh air must be passing constantly before the nostrils while asleep.
- 4. Deep Breathing—Daily, moderate exercises.
- 5. Calisthenics—Daily, moderate ex-
- 6. Bathing—Sponge the body daily, on arising, with cold water. One warm bath a week. If too rigorous in cold weather, rub thoroughly with rough towels the whole body every morning.
- 7. Throat, mouth, teeth. (1) Gargle throat every morning before breakfast, and every evening before retiring, with cold water. (2) Cleanse the mouth

every morning before and after breakfast, after lunch if possible, and before retiring, with cold water. (3) Brush the teeth before and after breakfast, after lunch if possible, and before retiring.

- 8. Drinking Cold Water—Drink a glass slowly before breakfast after performing the operations under 7, several times between meals, and after supper after performing the operations under 7, and just before retiring. Take plenty of water when feverish.
- 9. Do Not Overwork—Work up only to your usual capacity, and take regular rest. If compelled to undergo extra strain, take an extra amount of rest to balance.
- 10. Raw Eggs and Milk—One to three eggs a day, a glass of milk after each meal and one in the afternoon. The eggs may be beaten up with the milk taken after meals.
- Chest—Do not bundle up the throat with furs or muffler except in a blinding snow storm or fierce, cutting wind. Use no extra covering for the chest, no chest protector, except when afflicted with a severe cold on the chest.
- 12. Cold Water for Throat and Neck
  —Bathe neck and throat with cold water
  in the morning and before retiring, down
  to the collar bone.



WARDS AND OPERATING ROOM, POST HOSPITAL, CAMP COLUMBIA, CUBA.

## Infant Feeding

MYER SOLIS-COHEN, A.B., M.D.

(Continued.)

Selection and Care of Bottles and Nipples.—(Continued.)

THE nipples, of which there ought to be at least two, should be conical in shape and made of rubber, preferably black. The hole should be of such a size that when the bottle is inverted the milk drops easily from it, but does not run too fast or in a stream.

That form of nipple which is attached to the bottle by a long rubber or glass tube must never be used, as it is impossible to keep the tube clean.

Before being used the nipple should be dipped for a moment in hot water.

Immediately after nursing, the nipple should be removed from the bottle, scrubbed thoroughly with a soft bristle brush at first outside and then, being inverted, inside as well. It should then be placed in a solution containing a tablespoonful of boracic acid to a pint of water and kept there until used again. Once a day all the nipples should be boiled for five minutes in water containing a little table salt, the addition of which prevents the rubber from becoming soft.

#### Percentage Feeding.

In modifying cow's milk to make it suitable for the individual infant, the physician bears in mind the percentages of the different ingredients he thinks the baby requires. Thus, he may order a mixture containing 3 per cent fat, 2 per cent proteid and 7 per cent sugar. This is known as percentage feeding. While he may give the formula in ounces of milk, cream and sugar, he has calcu-

lated the amounts of fat, proteid and sugar contained in the mixture. In this way he knows exactly what the child is getting, and is enabled to vary the proportion of the different ingredients in accordance with the child's needs.

The method of percentage feeding is plain. Say, for example, it is desired to obtain with cow's milk a mixture resembling human milk. As cow's milk contains about twice the amount of proteid in human milk, by diluting the milk one-half we lower the proteid content one-half. But this at the same time dilutes the fats, which are the same in cow's and human milk. Consequently the fat must be raised to the proper percentage by the addition of cream. The percentage of sugar, which is also reduced by the dilution, is brought to the normal by supplying extra sugar. The character of the proteid may also be modified by the addition of gruel, lime-water, sodium bicarbonate, or sodium citrate, or by using whey or buttermilk instead of plain milk.

Various methods have been devised for calculating the proper amounts of milk, cream, sugar and water to take in making up milk mixtures containing different percentages.

But first of all it is of the utmost importance to know the exact percentages of fat and proteid in the milk and cream that are used; otherwise modification would be done merely by guesswork.

Materials Used in Modifying Cow's Milk.—Cream is that portion of the milk containing most of the fat and a slight percentage of proteid and sugar, slightly lower than that of whole milk. It rises

to the top and is skimmed off (gravity cream), or is separated in a centrifuge (centrifugal cream). The exact percentage of fats contained must be known. Cream is supplied to the market containing 12, 16, 20 per cent of fats.

After a quart bottle of milk containing 4 per cent fat has stood for six hours, the upper 4 oz. will be a 20 per cent cream, and the upper 8 oz. a 10 per cent cream. After standing eight hours, it will yield a cream of 16 per cent in the upper six ozs., 12 per cent in the upper 8 ozs., and 10 per cent in the upper 11 ozs.

The cream may be removed by Chapin's or Gilting's dipper.

Top milk is the upper portion of milk in a quart bottle. It may be removed by an ounce dipper devised for the purpose by Dr. Chapin, or by the one devised by Dr. Gilting. When milk has been bottled for four hours, the cream will have risen, and all fat will be present in the upper portion. Each layer will then contain a definite percentage of fat.

Nine ounce top milk is the upper nine ounces in a quart bottle of milk and contains 12 per cent fat.

Sixteen-ounce top milk is the upper sixteen ounces (one pint), of a quart bottle of milk and contains 8 per cent fat.

Milk may be used in a number of forms, each containing 3½ per cent of proteid, but differing in the amount of fat contained.

Whole milk contains 4 per cent of fat. Separated milk is milk from which the fat has been partially or wholly removed, either by the centrifuge or by gravity.

Fat-free milk is a separated milk that contains practically no fat.

The lowest 8 oz. of a quart jar of milk which has set eight or more hours is practically fat-free milk. It may be

syphoned off by means of a piece of bent glass tubing to which is attached a small piece of rubber tubing with an ordinary clamp. The syphon is filled with hot water and clamped before being introduced into the bottle.

Laboratory milk is prepared in a laboratory so as to have the milk contain the exact percentages of the different ingredients called for by the physician's prescription. It is produced by first separating the milk into cream of known fat percentage and fat-free milk, and then recombining them in the desired proportions.

Whey is milk from which most of the fat and all, or nearly all, of the casein have been removed. It contains all the sugar, water and albumen.

It is best made in the following manner: For each pint of whey needed take one quart of fresh milk, preferably fatfree milk. Add two teaspoonfuls of essence of pepsin, or liquid rennet, or a junket tablet dissolved in two tablespoonfuls of cold water. Warm the milk slowly to blood heat (100° F.), and keep it at that temperature until thoroughly curdled. Then beat up the curd well with a fork and keep warm for ten or fifteen minutes until the curds have shrunk considerably. The fluid that remains is whey. Strain it through two thicknesses of boiled cheesecloth and cool it slowly to a temperature of 50° F., and keep it on ice until needed. If it is to be mixed with cream or milk it must first be heated to 150° F. (no higher) in order to kill the rennet and prevent it curdling the casein in the added cream and milk. Whey contains no fat and about I per cent of proteid.

Buttermilk is sour milk from which butter has been removed by churning. It contains from ½ to 1' per cent of fat and about 3 per cent of proteid. It

should be used within twenty-four hours after being made. It may be made at the patient's home or in a hospital as follows: Pour a quart of fresh milk into a sterile pitcher and tie a sterile towel over the top to keep out the dust. Allow it to stand for twenty-four hours at ordinary room temperature and then skim off the cream. Place this sour milk in a small glass churn of one-quart capacity and churn for fifteen minutes. Remove and place on ice.

Recently there has been placed on the market compressed tablets, called "lactone," containing a pure culture of the lactic acid bacillus, which are used in the preparation of buttermilk. When they are employed no churning is required. Before the pitcher is covered a pinch of salt and one "lactone" tablet which has previously been pulverized are added to the milk, the mixture being stirred well.

Milk Sugar is sugar obtained from cow's milk, and is known chemically as lactose. Three level tablespoonfuls of it equal one ounce. A pure preparation must be used. A solution of sugar-water is usually prepared by dissolving the quantity of milk-sugar desired in boiling water. If it contain impurities the solution must be filtered through absorbent cotton before being used. The sugar-water should be prepared fresh every day in the Summer time, and every second day in Winter.

Cane-Sugar is familiar as common granulated sugar. It is made from sugar cane, beets, carrots and the sap of the maple tree. Two level tablespoonfuls of granulated sugar equal one ounce. It should be remembered that all sugar solutions spoil when kept too long, especially in Summer.

Lime-Water may be obtained at a drug store, or it may be prepared at home as follows: Get an ounce or so of lime at any grocery store. Pour on it a pint of water, stir thoroughly, and allow it to slake. When this process is completed and the undissolved lime has settled, pour off the clear liquid at the top, which will contain any potassium or sodium and other soluble impurities that may have been present in the lime. Repeat this once or twice and the lime will be left quite pure. Place the lime in a large bottle or quart fruit jar and fill the bottle with distilled water and cork it. When the lime has been settled so that the water above it is quite clear, this lime water is ready for use and if desired may be poured off into any convenient bottle. Always have some undissolved lime at the bottom of the jar. As fast as the lime water is used more distilled water must be added to take its place. This may be kept up as long as any lime remains undissolved, but it is well to use a new piece of lime every two or three months.

(To be continued.)



## Hydro-Therapy at Home

H YDRO-THERAPY, when properly applied, is invaluable to the nurse who contemplates caring for invalids, mental cases, or rheumatism.

We all know how imperative elimination is, in those cases. So a few words on this subject may not come amiss. I will try to tell how to give a sweat bath at home. We will take for granted a bath-tub, and hot and cold running water. A good nurse will always have at hand all of the articles she will need in order to do anything, so we will start with a list of the articles to be called for, in order to give a sweat bath at home. We need a blanket, a sheet, a towel, three wash cloths, a bath mat, soap, four pounds of sal soda, a quart of hot lemonade, and a pan of ice-water. The sheet will be hung on the radiator, or in front of the stove or register, and now we are ready for business; the temperature of the room is at least 98 degrees, then take the soda and place in the tub and start the hot water running. This will help to heat the room up, too, as well as dissolving the soda. Put your towel at the head of the tub and you will avoid that disagreeable chill one gets on resting on the cold enamel. Next cool the water to a temperature of about 100, taking care to have enough water to cover the patient. Put your patient in the tub and cover both patient and tub with the blanket, being careful to distribute it so as it does not dip into the tub. Now give your patient a glass of lemonade, and repeat at intervals of about five minutes

until the whole quantity is given. By this time the patient should commence to sweat, and it is time to keep the head cool. This is done by wringing a washcloth out of ice-water, and wiping the face then fold the cloth cornerwise and place firmly and neatly without "slopping"; on the forehead, also one around the neck; wipe the face and change the cloths frequently, but do not remove the one from the forehead until you have another ready to apply. When your patient has had a good sweat, give a good soap rub, but do not rinse off the soda water; put the bath mat down and let your patient step out, then (before the patient stands up it is well to take the towel from the head of the tub and let her stand on it, as the soda makes the water extremely slippery) wrap the sheet around her, using the length of the sheet around the neck; let the hemmed sides overlap each other in front, and in this way your patient will be completely covered. Now dry her by rubbing briskly, taking the arms first, then the lower limbs, and then the back and front; then take hold of the upper corners of the sheet and fan until quite dry. Now drop the sheet, cover the patient with the blanket and put her to bed and give her an oil rub, to prevent her taking cold. You will find this treatment excellent in inflammatory rheumatism; the soda counteracts the uric acid, and the heat relieves the pain. While the patient is in the tub keep adding hot water frequently, as it soon cools off



## Pneumonia

ANNIE E. HUTCHINSON.

A NURSE entering upon a case of pneumonia has special need to be in good physical condition, as such a case always demands constant vigilance and frequently entails great strain. The nurse is, of course, to be guided by the orders of the medical attendant, but pneumonia is a disease where sudden emergencies are liable to occur, and the nurse should know enough about the disease to understand the special dangers that threaten the patient and be able to recognize the symptoms that manifest their approach.

Pneumonia assumes various types and sometimes occurs in epidemics. It may affect one or both lungs. The right lung is more often attacked than the left. Pneumonia or pneumonitis-commonly termed inflammation of lungs-is one of the most common and serious of the pulmonary affections. While it is usually designated as an inflammation, certain recognized authorities tell us that the term is not strictly correct, that is, in the sense in which we understand inflammation when applied to other organs, that, in fact, the inflammatory process in pneumonia differs essentially from the process in other structures. In ordinary inflammation as extensive as pneumonia there occur certain local changes-destruction of tissue, indurations, etc.which are absent in pneumonia, for after the air cells are emptied of the effused material they are in a practically normal condition and ready to resume their function. The theory that pneumonia is really due to the action of germs seems to be now pretty generally favored. one medical authority has put it, "in-

stead of an inflammation of the lung tissue, we have essentially a process of germ culture going on in the air cells." The theory advanced is that a specific germ in some manner-most probably through the air passages-finds its way into an air cell and therein excites an irritation in the cell walls, which causes an exudation from the capillaries of the functional blood supply, and this effused material serving as a suitable medium for the development and multiplication of the germs, they rapidly increase and cell after cell, and lobule after lobule, is invaded and filled up until a greater or less extent of the lung becomes completely consolidated. Throughout this process the cell wall continues to be nourished by the vessels of the nutrient blood supply and thus the integrity of the tissues is maintained notwithstanding the diseased action that is going on. It must be remembered that the lungs have two separate and distinct circulations, the functional, derived from pulmonary artery, and the nutritive, derived from bronchial arteries. We are told that the diseased action in pneumonia has to do chiefly with the functional blood vessels, and as a proof that the nutrient blood supply is not affected it is pointed out not only that the cell walls escape without material injury, but that the process of absorption can go actively on, as is evidenced by the rapid and complete removal of the exudate. The process of germ culture going on in the air cells generates a toxin which is at once absorbed into the circulation and thus infects the system at large. All the evidences of virulent infection found in a

typical case of pneumonia, the fever, chill, extreme prostration, etc., are due to the absorption of the poison, and as long as consolidation is spreading and the toxin being generated the toxæmia will be maintained. However, the medium can maintain germ life only for a limited period, and the organisms finally die and the generation of toxin ceases. It is supposed that it is when the supply of toxin is cut off that the temperature falls, also that defervescence will be by crisis in cases where effusion spreads rapidly and ends abruptly, and by lysis where the consolidation spreads more slowly, defervescence being prolonged in the latter case because toxin continues to be generated in one part as it fails in another.

Scientists also advance the theory of the production in the lung of an antitoxin which acts as a disinfecting force. The germs of pneumonia are sometimes found in the upper respiratory tract of persons in vigorous health, consequently it is considered that, while the essential cause of the disease is the development of a specific germ in the air cells, there must invariably be a contributing cause, something that renders the system susceptible to attack.

Certain determining and predisposing causes are well recognized, but their precise relation to the specific cause is not understood.

The most common determining cause is exposure to cold. Unsanitary living seems to be a common predisposing cause, people living in overheated, badly ventilated, crowded or dark dwellings being more liable to incur an attack of pneumonia. Intemperance not only predisposes to pneumonia, but greatly lessens the patient's chance of recovery. A former attack seems to predispose to a

second attack and more males are attacked than females.

Frequently, the very first symptom of an attack of pneumonia is the sudden onset of a sharp pain in the chest, generally in the mammary region. Every movement of respiration aggravates the pain and the breathing is instinctively restricted. In some cases there is no sharp pain, but only a dull aching; in still others very little complaint of pain The sharp pain is due to is made. involvement of the pleura, pleuritis to a greater or less extent being present in a majority of cases. The dull pain has its seat in the lung tissue. As a general rule the pain lasts only two or three days, decreasing as consolidation becomes more complete, and the movements of the lung with resulting friction of pleural cavities consequently become less. A chill generally closely follows the pain, or it may be that the chill precedes the pain. This initial chill in different cases varies greatly in intensity and duration-it may be a severe and prolonged rigor, or, perhaps, little more than a chilly sensation. The severity of the chill is generally regarded as bearing some relation to the severity of the infection, the chill occurring when the system first feels the shock of the poison that has been absorbed into the circulation.

In some cases, more often in the aged, there may be a general feeling of malaise several days before a seizure of pneumonia, patient probably suffering from headache, loss of appetite, dull pains in back and limbs, and chilly sensations alternating with flashes of heat.

Coincident with the initial chill comes the rise of temperature, which, within a few hours, may reach 103 degrees to 105 degrees, or even more. The temperature is likely to remain more or less high until the crisis, when, within a few hours, it may fall to normal. The crisis, which is quite likely to occur at night, may be looked for from the 5th to the 8th or oth day. Defervescence sometimes occurs by lysis, the temperature in such cases fluctuating considerably and gradually lowering to normal. The danger may not be at all in proportion to the temperature, and too much importance should not be attached to it alone. It should be borne in mind that the greatest danger may be present when the fever is only moderate, and that it is as highly important to watch if the other conditions remain favorable as to record the temperature every few hours. Patients sometimes recover from extraordinarily high temperatures. The pulse, which at first may be firm, full and bounding, is likely, as disease progresses, to become more frequent and compressible, perhaps small and thready. The pulse is subject to great variations in sympathy with disturbances of the nervous system. In young children it may be very high without proportionate danger. In an adult a pulse that remains about or over 120 is a serious symptom, as is also a pulse that is feeble in proportion to temperature and respirations. Generally the pulse decreases in frequency with the fall of the temperature, and if it does not it may be of serious import, indicating that the infection has weakened the heart muscle. Heart failure is the chief danger in pneumonia, and to watch for any indication of it and be ready

with remedies to promptly administer until the arrival of the doctor is a duty that constantly faces the nurse until her patient is quite convalescent. Upon the nurse thoroughly knowing the grave symptoms and being vigilant to recognize them, may depend the patient's chance of recovery. When grave symptoms arise the doctor should at once be notified, but from the first the nurse should be provided with remedies to administer in the event of a possible emergency during the physician's absence. While the nurse may be familiar with the remedies in general use and know when the patient's condition indicates their administration, her duty, of course, is to use the particular stimulant or other remedies that the attending physician favors and provides for the use of his patient. It is sometimes necessary to regularly give stimulants quite early in the disease. Whiskey or brandy is generally freely used, often in conjunction with other remedies, such as strychnine, digitalis, nitroglycerine, etc. given by inhalation is a remedy greatly relied upon in many cases.

The pneumonia patient at first usually lies on his back, as respiration is generally less painful in this position; later he may change and lie on the affected side, there being thus less pressure on the sound lung. As he is likely to retain one position for a considerable time, precautions should be taken from the first to prevent any trouble arising from the continued pressure.

(To be continued.)



# The Importance of the Aurse to the Pregnant Woman

A. P. REED, M.D.

IF every pregnant woman could have the great advantage from the beginning of her period, of a trained nurse. supplemented now and then by the visit of the physician, who is finally to attend her, many things of discomfort, both slight and serious, might be entirely escaped by the patient. I say patient. since every pregnant woman, if matters were as they should be, would be reckoned a patient throughout her period. rather than as simply a patient for the few hours previous to the birth of her child, and a day or two afterwards, as is too generally the case. Unfortunately the world is yet so far from the ideal of Edward Bellamy as to make such an environment a rare exception for her whose important duty it is to nurture and mold the generations. However, there are many more who could afford such care than actually avail themselves of it, and these, at least, should be reached as rapidly as possible in the interest of the human race as a vast whole, and be made to realize the great addition not only to their personal security, but to the improvement of the race that such a supervision means.

Thus gradually might this field be entered further and further, being broadened continually by the convictions that inevitably accompany such an object lesson.

Nurses themselves, as well as physicians, can do much to make such an idea prevail to a larger extent, not only in showing how useful those trained for the work can be, but by the inculcation

as opportunity offers of the principles underlying such a purpose, first, of course, realizing themselves the full import of the matter.

Among the graver things women might thus escape, none are more grave than puerperal eclampsia, and none, if taken early, are more amenable to hygienic management in quite a per cent of cases, and I may add, none make more strenuous demands on the physician and nurse, not only in treatment and incessant watchfulness, but in anxiety.

The hygienic field of pregnancy is the one wherein the nurse may be of incalculable benefit, and wherein she finds her chief duties.

Of supreme importance in the maintenance of health during this period is attention to the *primae viae*, as required to keep the bowels, kidneys and skin doing severally their duties in elimination, since many of the more serious complications of pregnancy are due to defective elimination and the consequent harboring within the system of dangerous toxins to be absorbed and reabsorbed.

The patient's dress at this time, including the laying aside of corsets, and the avoidance of all pressure, suspending all weight from the shoulders, etc., are now so well understood as not to require dilation here among so many less exploited matters. There is the matter of nausea and vomiting, which, while, as a rule, is not persistent or violent, yet should be given as much relief as possible in all cases. Previous to the calling of the physician for drug treatment, the

nurse may try various measures with a reasonable assurance of relief, especially mild cases, such as a cup of tea, hot water, or an effervescent drink, perhaps a little champagne, confinement in bed, careful feeding, nutritive enemata, if necessary, giving the stomach rest. I have sometimes known a little wine of cocoa to give relief in these cases.

A fair trial of these means with little or no mitigation, should be the signal for calling in the family physician.

The golden rule of pregnancy is moderation in all things. The patient's ordinary tastes as to food and drink may usually be followed with safety. Standing or walking for long periods should be avoided. Everything should be made subservient to an abundance of sleep and fresh air. Luke warm baths with a little salt in the water may be given daily.

One should also avoid long drives over rough roads, as well as crowds, especially in over-heated halls.

Withal, the nurse best fitted for these cases should have a sunny, cheerful disposition, since most women at such a time need much kind encouragement and mental diversion to offset their natural forebodings, and to keep their emotions within bounds.

This of itself furnishes reason enough for the companionship of a nurse, and another great blessing of the tactful nurse in the house is her ability to regulate the woman's daily life so much more accurately than either she or her family can do it, regularity in all her habits having much to do with her healthfulness, and "health is the first wealth" here if anywhere! To bring order out of the chaos found in many homes in these cases, and institute system in the daily life is not least among the things that make a nurse indispensable.

A time for everything, even to the moving of the bowels, will not only furnish the woman much immediate comfort, but presage well for the comfort of her confinement, and also affect the vitality of the offspring, doubly insuring a healthy child of strong characteristics.

As regards the bowels, if anything is needed beyond vegetables and fruits in the diet, not forgetting prunes, the nurse might use the compound licorice powder, or the compound rhubarb pill, with an occasional seidlitz. If there are signs of much bloating, resort may be had to a milk diet and quarter teaspoonful doses of cream of tartar in water every four hours while awake, may correct much of it, though, if it gets above the lower limbs, a physician had best be called. Should this condition be accompanied by headache, it implies that the need of a physician is urgent.

Among regular things don't overlook regular, moderate exercise in the open air.

The sphere of the nurse in pregnancy is chiefly in the field of prevention, the field of intelligent watchfulness for untoward symptoms with a view to securing early attention of the physician to these, and in the field of ministering to the immediate comfort of the patient, where she can come as near being a "ministering angel" as anywhere.

While, as a rule, there is no special diet for pregnancy, yet certain indications call for certain limitations, as in case of serious vomiting, the stomach must have rest and a light diet, mostly fluid, taken in small and oft-repeated doses, a diet sometimes demanding predigestion, not forgetting the using of cracked ice, vichy, koumiss, milk with lime water or sodium bi-carbonate, buttered cracker, sprinkled with a little cayenne pepper, clam broth, etc.

Some women have much relief in simply sipping very hot water.

Albumen in the urine, of course, requires restriction of meats and other nitrogenous foods, and quite close confinement to a milk diet, while, on the other hand, if the patient becomes anæmic, meat and the nitrogenous substances are the very things we want. In constipation a diet of coarse cereals, fruits and vegetables, is often of great service. Sweets, pastry, rich sauces, highly spiced dishes and heating drinks, may, of course, work mischief.

Some breasts at this time demand a little attention sometimes, when light massaging with cold cream, mixed with subnitrate of bismuth, will be found to help matters. I find, too, that if during the last weeks of pregnancy the breasts are bathed frequently with water, in which a little tannic acid has been dissolved, it seems to be a protection against sore nipples after labor. I trust I have given some hints that will prove of value to many in these cases, and that I have shown the importance of the nurse to the pregnant woman.



MOSCOW HOSPITAL, MOSCOW, IOWA.

## Extracts from the Journal of a Pupil Aurse

(Continued.)

St. Andrew's Hospital, Feb. 1.

THE days and weeks have slipped away; Christmas Day (mildly celebrated in the hospital and the saddest. loneliest Christmas Day I have known-"Merry Christmas." these words seemed a mockery, indeed), is a thing of the past, and a new year has been ushered in, "Happy New Year" has sounded through the hospital as in other places, but I could not help thinking how little happiness it promised to many within those walls. The month of January has passed, not altogether uneventfully, for no month can be said to so pass in an institution where every month, week, even day, brings its own changes—the month has passed in the changeful and eventful way inseparable from hospital life, and February has come. No longer must I neglect the journal which is to faithfully record my hospital life,

When accepted as a pupil nurse I at once wrote glowingly to Aunt Katharine. telling of the great honor it was to have successfully passed through the trying period of probation, to have emerged covered with glory from the test of a stiff examination, and finally to be graciously received and enrolled as pupil nurse in the highly select St. A's. But Aunt Katharine has evidently resolved to make full allowance for and give all due honor to the abilities and graces of her absent niece. She persists in treating my acceptance by the superintendent as a matter of course, and when I, much impressed by the solemn and binding nature of the contract I had just had the privilege of entering into, wrote to her

stating that I had irrevocably signed, sealed and delivered myself to the service of St. Andrew's Hospital for the period of three full years, she promptly replied with the kind assurance that she congratulated the hospital. In writing to my aunt I have never admitted that even the glorious career of a hospital nurse has its drawbacks, but somehow she seems to suspect it. Of course, we have our trials, many of them, but we have our compensations, too. To my journal I admit that occasionally, even yet, I feel as if I were being enfolded by all the sorrows, trials and pains in the big building, and my bursting heart is tempted to cry out, "I cannot stand it-it is crushing me -it is killing me-am I never again to be surrounded by other than grief-stricken people, never again to know what it is to be carefree and lighthearted? Is my life henceforth to be spent in listening to troubles and moans, doubts and repinings, looking into pain tortured faces and hearing the lamentations of the bereaved?" At such times how thankful am I to escape to the Nurses' Home for even the short and hurried ten minutes allowed us in the morning. Then, perhaps just when I am feeling so unhappily blue, some poor man, sick unto death, will murmur, "God bless you, Nurse, for your kindness to me,' or maybe the old Irishman who has patiently borne suffering for months will smile his cheerful, sunny smile, and say, as he often says, "Sure, Nurse, ye're a rale angel, so ye are. Whativer would become of us poor sick men without the loikes of ve?" And the clouds will lift and magically roll away. Then, indeed, I know that

nothing in my old life of pleasure could compensate for a loss of the opportunities for helpfulness that my present life affords. And though we see tragedy, we see joys too; though we hear heartbroken lamentations, we also hear glad words of rejoicing over the happy result of our labor to draw back somebody's loved one from the brink of the grave; though we encounter grumblings and unjust criticisms, we also meet with heartfelt thanks and praise, sometimes far beyond our deserts. And in the midst of the rush of work, the daily grind that marks the nurse's life, the sights and sounds that unnerve those unaccustomed to them, I am learning to live and be happy.

I was initiated into lectures (the instructive kind) long ago, but to-night I attended my first lecture on anatomy. Dr. Summers, who lectures on this subject, has been absent from the city for a while, otherwise I presume I would have had the privilege of hearing him sooner. Dr. Summers impresses me as being the most kindly, careful and unassuming of men, and if any one ever graduates from our school deficient in knowledge of his subject it is safe to say it will not be the fault of the lecturer.

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Upon entering the lecture room tonight I stopped short and gave an involuntary startled gasp as my glance was arrested by something suspended from the chandelier. It was a human skeleton, the first I ever saw. Upon a table beneath were littered many human bones, great and small. "Horrors!" I thought, but did not say. I am glad to remember that I had sufficient presence of mind and self control to enable me to refrain from following a natural impulse to shriek it aloud. After the first shock I did my best to suppress all emotions but

an uncomfortable, creepy sensation has kept me company all evening. I hope no one noticed my occasional shudders, for beside the calm, matter-of-fact professional exterior of the other nurses any emotional display on my part would have been in very bad taste. Toward the close of the lecture those bones were handed round for inspection, but whenever they came my way my note book or something demanded my attention, and they were passed across to my roommate, Miss Ashley, who received and handled the horrible "specimens" very coolly, causing me thrills of wondering admiration. However, Miss Ashley is a doctor's daughter and her nerve is probably hereditary. After Dr. Summers left two of the senior nurses, to my unspeakable horror, begged Miss Gray's permission to carry the skeleton over to their room in the Nurses' Home. They want it as an aid in studying the articulations, they said. Approving, I presume, of their diligence in the pursuit of knowledge Miss Gray consented. With their own hands they bore the skeleton triumphantly away, and it now swings from the chandelier in their bedroom. And at the present moment I can hear those two girls with that awful grinning skeleton occupying their room, laughing and chatting and telling mirthful stories, actually laying bright plans for the future, quite heedless of the dreadful reminder of human mortality swinging under the gas.

Many and varied are the experiences of hospital life. Much that occurs may soon be past and forgotten, but some things there are that can never be forgotten. Seeing so much pain and misery in the lives of those around us, hearing

so frequently sad little histories from the

lips of the sick, spending nearly all our waking hours in the society of the afflicted-what wonder if we should sometimes be prone to forget that the world knows pleasure as well as sorrow. As a matter of fact, though, it is but rarely that nurses give evidence of any such feeling. Nowhere have I ever met a brighter, more cheerful set of girls. We are hardened to the sight of suffering, people say, when they see us calm and apparently unmoved quietly standing by or as quietly rendering assistance to the mutilated victim of some horrible accident. We have, they think, become so callous that human suffering makes no impression on us. Well, perhaps we are hardened in a way; still if I can analyze my own feelings correctly I think that I am just as sorry for the patients now, not to mention being decidedly more helpful, as during my first days in the ward, when I used to feel inclined to scream and run away whenever a new accident case came in. Yes, I maintain that I do still pity the patients, even though I manifest it by doing all I can for them instead of fleeing away to indulge in hysterical weeping. The real difference, I think, lies not in the fact that I have become indifferent and heartless, but rather in the fact that I have learned self control and that I am not quite so selfish now. To try to forget that you have sensitive feelings that ought to be shocked by harrowing sights and sounds, to make an effort not to selfishly dwell upon the effect on your own nerves, but rather to cultivate the habit of remembering that sick individuals have more need of calm, swift, practical aid than of hysterical tears and condolence, is in many cases, I am sure, the real secret of the hardening process of which some people speak so freely. I

myself used to be shocked to see the nurses leave some melancholy scene in the hospital and go to the Nurses' Home immediately to indulge in light talk upon some subject entirely foreign; but I am shocked no longer. I merely think now what a good thing it is for themselves, also for their patients, that they have been able to acquire the habit of quickly passing from the grave to the gay. I encourage myself to forget the hospital and all in it as soon as I leave it at night—I do not succeed very well, though. But indeed, it is a blessing that we can sometimes forget. Otherwise, what gloomy, sad creatures we would become.

\* \* \* \* \* \* \*

A blue and white striped dress and a cap for wear in a hospital ward bring increased responsibility, but they certainly confer advantages. Since I have worn a uniform I have from time to time had so many nice things said to me by patients and their friends that I might be growing quite foolishly vain but for the wholesome counteracting effect of Miss Grav's searching eyes and the head nurse's impartial criticisms. Flattering speeches notwithstanding, one does not readly grow vain in a hospital wardyour head nurse and lady superintendent have an unflattering way of seeing to that. To-day Miss Gray personally took me to task because, to quote her own words, "a nurse who has been as long in training as yourself, Miss Ballantyne, should now know at least how to make a bed properly." Of course, the bed that caused the complaint was not, I admit, particularly well made, according to the hospital standard, at least; but my patients demanded so much of my attention that I really had hardly a minute to give to the making of that empty bed. It would have been much

better made if I hadn't, while making it, been interrupted a dozen times, but Miss Grav never seems to consider interruptions or extra work any excuse. We are shown one certain way of performing each duty, and woe betide her who fails to adhere to the accepted method. To say that any tendency to experiment and find another, perhaps a better, way of doing things is distinctly discouraged is putting it mildly, very mildly, indeed. The elaborate procedure followed in the making of beds is a fair sample of the rigid attention to trifling details exacted in the performance of all hospital duties. Before I came here I thought I had fully mastered the simple accomplishment of making a bed, but now after many weeks of daily struggle to perfect myself in the art I feel less confident. Simple accomplishment, indeed! Not as performed in St. Andrew's Hospital. No mere words of mine can do adequate justice to a lesson in bed-making as given by my head nurse. Long shall I remember my first lesson, "First remove the bedclothes, Miss Ballantyne," said Miss Raymond, indicating the unoccupied bed upon which I' was to demonstrate my skill. I was pleased to find the first requirement so simple, for I had heard the other probationers discuss the difficulty of making beds to please their respective head nurses, and their remarks had led me to think that there must be in vogue in the hospital some extraordinary method by which an ordinarily easy task was rendered a very arduous one. So, much relieved to find that the initial stage presented no difficulty and actuated by a sincere desire to please Miss Raymond and demonstrate my zeal in the performance of duty, I seized the bedclothes, hauled them off and was about to deposit them in a confused

heap on the nice white floor, when—
"No! No! No!" came in horrified accents from the head nurse. "My conscience, Miss Ballantyne, not on the
floor!" Thereupon, she proceeded to instruct me regarding strange new things
that she called microbes, bacilli and
bacteria.

Following her directions, I removed the clothes gingerly, one piece at a time, and placed them high and safe away from the pestilential floor, a deceitful, hypocritical floor I thought it to display such a cleanly innocent appearance. When a corner of a blanket or a sheet hung down, I religiously tucked it up lest a microbe should catch sight of it and by making a sudden dash and leap reach it and destroy its purity, even cause the death of some innocent man possibly, so dire are its ravages according to the authority of my head nurse. I suggested to her that first day that if the microbes and their kin wanted very badly to get into a bed they might easily accomplish it by crawling up the iron

As the bed-making proceeded I grew in knowledge of its difficulties. The sheets must be placed just so, with their hemmed ends turned one certain way; the blankets likewise must be placed with great exactness, not a tenth of an inch further down on one side than the other; the white coverlet must be laid with geometrical precision, its ends being turned and folded in a very special way, while the pillows are shaken up and beaten down and flattened out an! smoothed until they resemble padded boards.

Finally one padded board is laid flat at the head of the bed and the other made to assume a bolt upright sentinellike position on top of it. When with the head nurse's aid my first bed was completed, she drew me back a little distance and surveying it with pride desired me to observe the beautifully smooth, ornamental appearance it presented. To me it looked like a shallow white box on slim legs; but smooth and even it certainly was, and I said so with haste and eagerness, being in mortal fear lest the head nurse should discover some fancied flaw and insist upon my doing it all over again with the aid of a carpenter's square and spirit-level.

My private opinion is that as long as the patients, poor things, are clean and comfortable, it is not a matter of tremendous importance which hem, broad or narrow, happens to be tucked under the head of the mattress, or whether the end of a white coverlet is a sixteenth of an inch lower or a full quarter of an inch higher than the prescribed line. To-day, when found fault with, I was foolish enough to express these radical views to the superintendent herself. Alas, their reception was not such as to encourage future arguments in their favor. So I must wisely resolve to drop prejudice henceforth and devote my energies to perfecting myself in the art of letting the patients wait while I take time to make empty beds in the orthodox way. I foresee that in time, with sufficient perseverance. I may even attain such excellence that I shall be more shocked and grieved at sight of a disordered coverlet than on account of the patient whose painful writhings toss it out of order. Only to the privacy of my journal dare I trust the heresy, but I here confess that I sometimes think that there is just a little too much stress laid upon the things that count only for appearance and not quite enough upon some other things that tend

more directly to make the patients comfortable and happy. After all, the hospital was, I suppose, originally planned and built for the express purpose of taking care of sick people and alleviating suffering, and I imagine that it isn't now maintained primarily for showing long rows of evenly hanging window shades and displaying show beds.

\* \* \* \* \* \* \* \*

I am writing to-night in a new room. Miss Ashley and I have given up our old room, the Orphans' Home, as it was long ago nicknamed, in order that it might be taken possession of by newly arrived probationers, it being an unwritten but unbroken law that newcomers first occupy the rooms at the end of the corridor, because (as we considerately agree now that we have left them) they being the most barren and devoid of comfort, are specially adapted to the use of probationers, being particularly well calculated to test the stuff the "probes" are made of. The advent of new probationers marks an era in the lives of those of us who were probationers last fall. We are no longer to be slightingly referred to as the "probes," and, better still, we have at last an opportunity to give ourselves little airs of wisdom and condescension considered to be highly edifying to the new arrivals. At last we may graciously patronize or gaze with calm superiority upon wide-eyed, timid, bewildered young women, and wonder to each other "why on earth those probes haven't more selfpossession." It is, too, so very nice and soothing to know that they are dazzled by our accomplishments and envious of our remarkable knowledge and wonderful skill. Oh, indeed, I realize now that in some respects probationers are much appreciated by the older nurses.

## The Visiting Aurse—Some Experiences

В. В. М.

BEFORE leaving the hospital I had decided to do district nursing, so even before graduating I sent in my application to the Victorian Order of Nurses for Canada, and six months later was a district nurse in Montreal. At that time the Order maintained a home in charge of a district superintendent. There was an assistant and seven nurses in training. One of these was stationed at Pt. St. Charles, a suburb of Montreal, and one was night nurse, who, when she had no calls after midnight, helped with the morning calls.

My first morning's work was on a Sunday. I made rounds with the assistant and we visited three cases. Our first visit was to a young English woman with her first The next visit was to a Jewish home, and there also was a new babe. patient could not speak English very well and we did not see much of the other members of the family. father and sons had prayers in the hall while we were there. An old lady, who was a paralytic, received the last visit. She and her daughter, who taught school, lived in one room. The patient was bathed, given an alcohol rub. dressed and fed her dinner. She wanted to know where I came from and when told west of Chicago said. "Huh, I'm not partial to the Yankees." I visited this old lady for weeks and one day she admitted, "The Yankees are not so bad."

After my first month's work the remaining three months I had charge of

the chronic cases. An old lady dying of cancer was one of my patients for weeks. She lived in a poor house with her easy-going husband, two sons and a little granddaughter. A daughter, who lived near, came in every day to get dinner for them, and occasionally would do house cleaning. Every morning after the dressing was done, the old lady was given a stimulant. At my first visit I did not know there had to be any secrecy about it, and when she asked for her whiskey and told me to call the old man to get it ready, I shouted down the stairs for the old man to come up and get the whiskey. "Oh, don't let the boys know I have whiskey. I keep it hidden under the mattress. If they knew I had it and knew where I had it they wouldn't leave any for me." We visited this patient several months and after her death the superintendent sent in a bill for ten dollars (less than ten cents per visit) and the old man called at the home to do some gardening to pay his bill. He did about one day's work for his ten dollars.

Griffentown was always an interesting district to me, and I think it was to most of the other nurses. For some time I had a little boy suffering with articular tuberculosis. I visited him three times a week. The family lived in a four-room flat, very poorly furnished and where the kitchen table was always covered with food and dirty dishes. The last I knew of the little boy he was in a children's hospital and was incurable.

I remember hearing one of the other

nurses tell of an experience she had in Griffentown. The case was a colored woman who had been confined several days before and this morning when the nurse called she found the house full of smoke—the stove pipe had fallen down—the husband was away at work and the children were too young to go for help. The nurse was up on a chair adjusting the stove pipe when the doctor came in. He seemed to think it was quite funny, but said he was glad she was ready for any emergency.

I once had a patient in a houseboat. They were New Yorkers and had three children. They had one good-sized room and a very small kitchen about five feet square. Their table was a drop shelf, the chairs were all camp chairs, and the children's bed pushed back into the wall. The other bed was iron, but a very small, low one.

I visited a tubercular case more than one year. This patient was not expected to live three months when I first called. The case was reported by a woman Mrs. C. had worked for, and our bill was paid by her. Mr. C. made ' good wages, but the old story, "He drank." Mrs. C. lived on the outskirts of the town and I had eight blocks to walk after getting off the car. house would have been a very comfortable one, but Mrs. C. did not always have fuel, and I think she often suffered on account of the cold. I found her very weak and uncomfortable, but she wanted a bath and an alcohol rub. While I was there a representative of the Tuberculosis League called to bring some beef tea. Mrs. C. had three children. At Christmas we sent them a dinner, some toys and some clothes. I had promised Mrs. C. I would stay with

her when she was dying. One night a neighbor telephoned me that Mrs. C. had been very low all day and asked me to come out as she didn't think Mrs. C. could live through the night. It was eleven when I received the message, and on account of the distance and scarcity of cars it was after twelve when I reached her. Mrs. C. was some better, but I stayed until morning. I slept, or at least tried to sleep, in a Morris chair, but the fleas did not give me much peace. This was in October, and Mrs. C. lived until February. We had loaned them an air cushion, and when the nurse called for it, Mr. C. said he had sold it.

I had another tubercular patient who had one little girl six years old, whose whole ambition was to be a nurse. These people owned their home and lived in the front rooms upstairs and rented the remainder of the house to three families. At the same time I was visiting the patient upstairs I had a patient down stairs. This man had diabetes. He was taken to the hospital and his wife and little boy lived on in their two rooms—the mother going out as a char woman in order to make a living. I got the little girl who wanted to be a nurse an old bag from another patient and I gave her a note book and pencil. She made herself an apron of red calico and with her bag filled with old rags she would play nurse hours at a time.

Another family, of little girls were very fond of playing nurse, and one morning the mother heard them disputing as to whom should be nurse, and was very much amused to hear one say, "You can't be nurse; you have red hair and nurses never have red hair." This was a confinement case and they both

wanted the pleasure (?) of bathing the babe (a doll).

After my four months I went to Chicago to take a post-graduate course at the Chicago Lying-in Hospital, weeks of the three months were spent in the dispensary. A student and nurse made rounds together and would visit five maternity cases in a morning. One cared for the mother and the other for the babe, changing at the next place. Before returning to Montreal I did six months' district work in Chicago, My district covered such a large territory I seldom made more than ten visits a day. My mother came to visit me and one day she made rounds with me. It was "office day" and so we made only eight visits. She said she had no idea there were so much poverty and misery in the world, and couldn't understand how I could smile when I went into their homes. One family, who were squatters, and where the mother was dying of tuberculosis, appealed to her very much. The husband when he was not drinking was a night watchman. The three little boys were newsboys and were very good to bring the pennies home to their mother. A babe about six months old was taken to the day nursery every morning.

We visited an old Frenchman who, with his wife, lived in two small rooms and who received a daily visit. On Sundays and holidays he would not let his wife wash his face even because "she is too rough." The wife, who was seventy-eight, did all their washing and kept that old man and his bed as neat as wax. I think they depended almost altogether on charity.

Late at night there was a new case to visit and we had a great time to find it. The streets were not cut through and our walk was rather roundabout. We found a man very ill with tuberculosis and as his mother had given him care that day, I just took his temperature. The following morning I went out and gave him a bath and an alcohol rub and a day or so later he was taken to Dunning.

The following Spring I returned to Montreal and was engaged in the work there for over three years. I was given a district and was centrally located in In 1904 the order gave up the home, divided the city into districts with a nurse in each district. The work has grown and now there are twelve nurses on the staff. My district was in a new part of the city and the car service was poor at times, especially after a heavy snowstorm, so I often had difficulty in getting to my cases. One afternoon I think I spent all of two hours hunting a case. I found an old lady very ill. I gave her a bath, changed her linen and made her bed. I left with the understanding if they wanted another visit they would telephone, but she died that night.

I am now doing district nursing in a small town where I do not come in contact with the poor people as I did in the city. I think I prefer the poor people. Some of these poor things have no one to speak to but the nurse. She is generally a good listener and they tell her all their troubles. I have had discouraged people tell me just having some one come in that they could talk to has done them good. I often think almost all we hear is people's fales of woe, but we do also hear "Thank you," "God bless you," and 'When are you coming again?"

## A New Anaesthetic

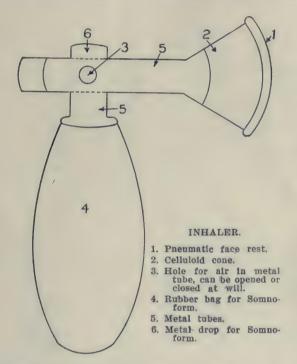
C. M. PLATT.

SOMNOFORM has come to my observation through the kindness of a dentist living in the same building where I have my room.

The first time I saw it administered, I will confess that its action was so rapid I hardly realized that the patient was anæsthetized before the tooth was ex-

ness, and for about five minutes a dizziness.

Patient No. 3—a young man. He was under the anæsthetic one minute, his pulse quickened slightly and he kicked a little. This was the first excitement with Somnoform that I have seen. The patient had no after effects, in fact, he be-



tracted and the patient looking around. Seventy seconds is not very long.

Patient No. 2 had a lesion of the mitral valve of the heart. This patient was under the anæsthetic three-quarters of a minute. At first (ten seconds) the pulse was quicker and then returned to its normal rate. The respiration was deep and somewhat slower than normal. The only after effect this patient complained of was a slight drowsi-

gan to smoke a cigar as soon as he was out of the chair. These patients were each given three C. C. of Somnoform.

"At a dental clinic in Chicago Somnoform was administered to thirty-four patients, ranging from 11 to 76 years, and of different physical conditions (good or bad). The heart action of all was good, and only one of the thirtyfour patients reported a slight nausea."

Somnoform is a comparatively new

anæsthetic, having been discovered by Dr. Rolland, of Bordeaux, France, in 1805, and has been used to some extent since that time, with only four as a death list. It is composed of ethyl chloride, 60 per cent; methyl chloride, 35 per cent, and ethyl bromide, 5 per cent. It has a pleasant pungent odor, easily inhaled.

It is given in an inhaler somewhat different from others. It consists of a metal and celluloid face piece, with a short metal tube connecting it with a large rubber bag.

A physician of prominence writes: "As regards convenience Somnoform stands alone in the ease of administration, speed with which anæsthesia is induced, the duration of anæsthesia and the speed and completeness of recovery."

To me it is an ideal anæsthetic, as it can be used in minor surgery and as a preliminary anæsthetic.

It is hoped it will be taught more extensively in the medical schools, as some of the medical students I have talked with about it have never heard of it.

## The Closing of the Cambridge School

THE report of the Cambridge School of Nursing, sometimes called the Harvard School of Nursing, which appears in another part of this number, is of interest because it marks the passing of one of the most important movements for the higher education of nurses which has taken place in this country. Those who have been most enthusiastic in the support of this school have been forced to admit that there is not a demand at present for this kind of training. The report is also of interest because it adds to the weight of evidence that there is a shortage of probationers, and that women are entering every other occupation than that of nursing. Why is this?

## A Correction

In the December number of The Johns Hopkins Nurses' Alumnae Magazine we find the following: "We make no comment on the recently published statement that the Harvard School of Nursing, intended to turn out finished graduates in two years' time, and opened

with much flourish of trumpets some two years since, has now closed its doors for want of applicants."

We beg to inform our esteemed contemporary that the Harvard or Cambridge School had a four years' course, and did not attempt to "turn out finished graduates in two years time," and the length of course was one of the potent factors in its lack of applicants.

## International Congress on Tuberculosis

ACTIVE preparations for the International Congress on Tuberculosis, to be held in Washington next September, are under way in other coun-The National Committees for tries. France, Germany, Sweden, Austria, Holland, Greece. Bulgaria, Cuba, Venezuela, Brazil and Costa Rica have organized and have forwarded their membership lists to the secretary-general. French committee has a membership of over three hundred and includes men of prominence in public life, as well as in the medical profession.

# The Diet Kitchen

ROSE R. GROSVENOR.

Past Diet Matron, Iowa Soldiers' Home Hospital,

## Poultry

N its strictly technical sense the word "poultry" is used to describe that class of birds which are domesticated for their flesh or eggs and used for food, the class including all, except pigeons and squabs, which are usually classed with game. As regards the composition and food value of all varieties of poultry in general, a study of their constituents, as given below, compared with those of animal flesh, will show that they do not differ as much as is commonly supposed. According to the United States Government analysis, the edible portion of turkey contains: Protein, 22.2 per cent.; fat, 18.9; ash, 1.2, and water 57.0 per cent. That of chicken and fowl, protein, 21.9 per cent.; fat, 8.9; ash, 1.1, and water, 68.4 per cent. Ducks, protein, 18.3 per cent.; fat, 19.0; ash, 1.13; water, 61.1 per cent. Geese, protein, 16.6 per cent; fat, 28.7; ash, I.I. and water, 54.0 per cent. These statistics show that as regards poultry of different kinds the light fleshed birds are richer in protein and poorer in fat than the dark-meated varieties. As far as the nutritive value alone is concerned, the one advantage of poultry over the other meats, as proved by scientific test, is, that although it furnishes less of energy-giving material than the fatter meats it contains very slightly more of the building material needed by the body.

Considering the matter of digestion, reliable reports on artificial digestive experiments show that there is not as much difference in the digestibility as compared with other meats, neither is there any material difference in the digestive qualities of the light and dark meat, as is often stated. On the average, poultry is very slightly more easy of digestion than beef or mutton, the difference between the various kinds depending on the amount of fat they contain, the fatter sorts, being least easily digested, and for that reason being considered unfit for invalid diet.

Nothing is of more importance to the consumer than to know how to distinguish between good and bad, or young and old birds, as great care should be exercised in the selection of poultry for food, that it may not be too old, or too long killed to be palatable and healthful. Several reliable methods for ascertaining the age and quality of the various varieties of dressed poultry are as follows: First, the best grade of chicken or fowl should have yellow legs, well rounded form, skin light yellow, free from blotches, and the flesh fine and grained, combined with a medium amount of fat, which should be neither too hard nor too flabby. To test the age of all birds, press the skin under the wing or leg. If it be easily broken and

the point of the wing yields easily, or the breast bone is soft and pliable, it is certain to be young. With ducks and geese, a flexible windpipe also denotes youth. A young turkey is usually plump, while an old bird is detected by the purplish flesh on legs and back. The hen turkey, though not as large, is usually fatter, more tender and the best to choose for all purposes. Although all varieties of poultry are found in the markets the year around, turkey is at its best in the fall and winter months, young geese from May until early winter, fowl from March until June, and spring chicken from May to October. As poultry can generally be purchased already dressed, it will be unnecessary to give details here as to the first steps in preparation, i. e., plucking and drawing. It will be sufficient to say, always go over the bird thoroughly with a short, stiff-bladed knife and remove all pin feathers, then singe and remove the oil sack. If the bird is to be stewed, fricasseed, fried, broiled or made into a pie, it should be cut into convenient pieces, cleansed by quickly rinsing in several waters and drained well. If the bird is to be left whole for roasting, it should be rinsed inside and out by holding under the spigot and then drained and dried before stuffing. The giblets should be saved, cooked tender, then chopped fine and added to the stuffing or sauce. If the bird is to be broiled, the breast and back portions should be covered with a folded towel and pounded flat, that they may more easily cook even. The methods of cooking poultry are those ordinarily used in cooking other meats, boiling, stewing, roasting or fricasseeing being the best adapted for fowl, while broiling, frying, or sauteing is generally chosen for the young chicken. Turkeys, ducks and geese are best left whole stuffed and

roasted. And they, with old fowl, are much improved if parboiled 20 to 35 minutes before roasting. For the stuffing, bread dressing may be varied in many ways by combining and seasoning with sage, celery, ovsters, onions, chestnuts, the giblets, etc., as taste and the variety of the bird demand, sage or celery, being particularly adapted roast chicken and fowl, and chestnuts or oysters with turkey, while onions are supposed to be indispensable in a good roast duck or goose. Besides the methods of preparation given above, cook books suggest almost endless numbers of fancy dishes, the difference between them usually being in the way they are flavored by sauce or dressing.

The length of time required for cooking depends largely on the bird, its age and toughness, method of cooking, fuel used, etc., long, slow cooking, as in stewing, softening the fibers more thoroughly than a shorter exposure to intense heat, as in roasting. A large or old bird, of course, needs a longer exposure to the heat than a small or young one. The general rule for stewing chicken or fowl is 20 minutes to the pound, for roasting chicken, fowl and turkey, 20 to 30 minutes per pound. Ducks and geese, having much tougher fiber, require 25 to 35 minutes per pound. For broiling spring chicken, allow 20 minutes in all; old chicken, 35 minutes. Steadfast rules cannot always be adhered to and modifications must be made to cover conditions. The principal requirements are to have the bird well done, well seasoned, juicy and tender, and, lastly, tastily served with appropriate sauces and garnishing. Some of the appetizing sauces for the individual varieties are celery, oysters, giblet or brown sauce as an accompaniment to roast turkey or chicken; brown, onion or tartare sauce with ducks and geese; cream sauce with fried chicken, and celery or oyster sauce with a boiled fowl. In the way of a relish, tart apple sauce should be served with roast goose, cranberries with any sort of broiled bird, roast turkey and duck. Special gooseberries or currants also are excellent served with roasted or sauted poultry. Either lemon jelly or tomato aspic in tiny molds, stoned olives, watercress or parsley are all quite suitable for use as a garnish.

#### TO ROAST A TURKEY OR GOOSE.

Parboil and stuff with dressing to suit. Sew up opening with twine, draw the skin of the neck over the bone and tie down to the back. Lay the tips of wings under the back and fasten with a skewer; draw the legs close to sides and tie underneath the back. Rub thoroughly with salt and pepper and lard, with tiny strips of bacon laid under the bird and across the breast. Roast in moderate hot oven until tender, basting frequently.

#### CHESTNUT STUFFING.

Shell and blanch three cups French chestnuts. Cook them soft in boiling salted water. Drain, mash and add one-fourth cup butter, one teaspoonful salt, one-third teaspoonful pepper and one-fourth cup cream, melt one-fourth cup butter, mix with one cup cracker crumbs, and then combine the mixtures and mix well.

#### GIBLET SAUCE.

Clean and boil giblets in salted water until tender. Chop fine and after removing bird from pan pour in the stock giblets were boiled in, add the giblets and thicken a little with flour and season with a little butter and pepper.

### SAUTED CHICKEN.

Cut up chicken, wash and dry well, roll pieces in flour and saute until tender in equal parts of hot lard and butter, seasoning well with salt and pepper; when tender, take up. Then add to gravy one-half cup sweet cream, one-half cup boiling water and large piece of butter rubbed in flour and a little salt. Boil up until creamy and pour over the chicken.

### CHICKEN PIE WITH OYSTERS.

Cut up and stew a young chicken until tender. Drain the liquor from a quart of oysters, line the sides and bottom of a two-quart bake-dish with rich paste, put in alternate layers of fresh oysters and chicken until dish is full, season with salt, pepper and bits of butter and one-half each of the chicken stock and oyster liquor; cover with crust and bake about 35 minutes.

#### BROILED BREAST OF CHICKEN.

Pound flat the breasts of young chickens. Lay on a greased broiler and broil until tender, turning often. Season when done and serve on a hot platter garnished with parsley or celery tips.

#### Personal

Miss Mary Rodgers, who for the past four years has been matron at the Emergency Hospital, Nashua, N. H., has resigned her position and gone to Lynn, Mass., where she is to conduct a private hospital. Miss Rodgers

is a graduate of the Massachusetts General Hospital and during her term of service in this city made many friends. She was given a vote of thanks for her faithful service at the Nashua institution.

# Editorially Speaking

## The Problem of the Hospital and Training School

A CONTEMPORARY speaks editorially on "The Hospital's First Duty," stating with plainness and emphasis that such duty is "the care of the sick." This is so self-evident as to seem axiomatic, except that it is rendered pertinent by a quotation from a speaker at the Richmond Convention—that the training of nurses should be recognized by the hospitals as of equal importance with the care of the sick.

The hospital's first duty, and really its only duty, is to care efficiently for the sick. How, is its problem. Present day standards require the instruction of nurses in caring for the sick, and, therefore, there are schools for teaching nursing. The sole duty of these schools is to teach pupils how to care for the sick. How, is the problem of the school.

The first, the hospital's duty, is a humanitarian or economic problem. The second, the school's duty, is an educative problem. Two separate entities, closely related, perhaps, but neither one secondary to the other. Not until these two problems stand out, not for "equal," but for separate, distinctive consideration, each in its own class, and according to its merit, are they in position to be considered in their relation to each other.

We think the speaker at Richmond could not have been entirely oblivious of the distinction, but it was an unfortunate classification that placed the training school and the care of the sick in the same relative position to the hospital. The hospital has its purpose; the school has its purpose—one to care for, the other

to teach how to care for the sick. Each is justified in using the other just so far as the accomplishing its purpose necessitates, but neither may be subserved to the ends of the other. Neither one should exist for the benefit of the other. It would be no more absurd to ask a hospital patient to infect himself with rare diseases that nurses might learn of them than to ask pupil nurses to consider their professional instruction complete in any hospital that elects to establish a school for, and sometimes admittedly for, the purpose of "getting its nursing done."

We deprecate while we acknowledge the very general misunderstanding along these lines. We wish the distinction were more obvious. The training school's need does to such an extent supply the hospital's need, and vice versa, that considering them as complements of each other comes readily to the observer who sees the surface only. In her report on State Registration one delegate to the convention said: "The great rank and file of nurses do not understand." We fear that her remark applies not only to registration, but to nursing conditions in general, and not only to the rank and file, but to the leaders as well. What did the Richmond Convention accomplish that stands out in refutation? The endowment of the Economics Course at Columbia, perhaps; but it remains to be seen if that is accomplished. What did it do to clear up lack of understanding, to solve or help toward solution any of the real problems that confront the profession's advancement? We await an answer.

## Sound Common Sense

In a personal letter from a nurse to whom we had written asking that she allow her name to be used to an article instead of her nom de plume we find the following:

"To my mind your magazine stands for all that is best and highest in the nursing profession, and I really do not know what we would do in these days without its sound common sense and its occasional gentle reminder that the object of the trained nurse is still the care of the sick. I am quite willing to sign my name in big letters to the above." In another letter we find: "I enjoy your pointed editorials, and certainly appreciate your policy in keeping your magazine to nursing."

In these days of nursing fads and fancies, and nursing theories "run mad," it has taken no little moral courage and been no easy task to keep to our policy of sound common sense.

We could not have done this without the support and encouragement of such women as those whose letters we have quoted and many others, notable among whom stands Miss Charlotte Aikens, whose article, "Building a Training School," appears in this number. Miss Aikens is a disciple of sound common sense and all her writings bear its stamp. In this article she turns the searchlight on such questions as the lack of method in our training schools, our false standards, the evils of too long a course of training and faulty legislation.

The ideas expressed by Miss Aikens on practical nursing are much in line with those of Dr. Samuel W. Lambert, as given in a letter to the editor of the Alumnae News, the magazine of the Nurses' Alumnae Association of the New York Hospital. In discussing the changes in the training school, Dr. Lam-

bert says: "The work of a nurse is concerned with the care of the sick and amounts to nothing if it is not practical, and I believe she has no use for knowledge, either theoretical or practical, concerning such medical subjects as "Albuminuria Glycosuria indicanuria," or "Repair of Wounds," or "Physiology of Heat Loss and Supply," which occupied equal prominence in the published curriculum of the old three years' course with the purely nursing subjects of "Care of Patients Before, During and After Operation," for example.

"The argument that such theoretical studies do no harm even if no immediate good results, is fallacious, for it is far from harmless to distract a tired woman from her important and useful work with details of elementary science which can be of no use to her."

If, as Miss Aikens says, we are "honest with ourselves," we must acknowledge the soundness of the teachings of these disciples of common sense; but, unfortunately, some of the so-called leaders in the nursing profession will not be honest either with themselves or others.

## The Nursing of People of Moderate Means

In his paper, "The Nursing of People of Moderate Means from the Viewpoint of the Physician," which appeared as the leading article in the January number, and is continued in this, Dr. Barrows presents not only his own views but those of some forty physicians whose co-operation he has obtained. This makes the paper of special value, as among those consulted we find the names of prominent physicians representing all sections of the United States.

It will be seen that the consensus of opinion is that under present conditions it is impossible for either hospitals or trained nurses to provide adequately for this class of patients. Accepting this as a fact, what is the remedy? Several remedies are suggested by these physicians in counsel. Visiting and hourly nursing come in for a large share of approval, but the plan most in favor is that of trained assistants. Dr. Barrows believes that this plan will prevail over all others, and in order that these assistants shall be of the best he urges nurses not to scorn the movement, but to "lend a hand." As against the plan of trained assistants, many arguments are advanced by trained nurses, the most important of which is that the "assistant" will not remain an assistant, but will soon usurp the privileges of the graduate. In view of the fact that Dr. Barrows may be right in his assumption, however, and that the problem will be solved by the trained assistant, it makes the question one to which nurses should give serious thought, and not give a too hasty decision as to whether they will hinder or help. Think it over.

## Training School Discipline

In our January editorial, in commenting on Miss Jane Addams's paper read before the Society of Hospital Superintendents, we spoke of the irony which lay beneath her calm and moderately put statements. We find the same bright gleam of polished irony in that

very clever serial, "Extracts From the Journal of a Pupil Nurse," the fourth installment of which appears in this number.

It is certainly a severe arraignment of our present training school methods when, as our "Pupil Nurse" states, she must drop prejudice and devote her energies to perfecting herself in the art of letting her patients wait while she takes time to make empty beds in the orthodox way, and that she shall look forward to reaching that degree of perfection when she shall be more shocked and grieved at sight of a disordered coverlet than on account of the patient whose painful writhing tossed it out of order.

Miss Addams spoke from the layman's point of view, and training school authorities will naturally claim that she is prejudiced. But the "Extracts From the Journal of a Pupil Nurse" are from the pen of a graduate nurse, one who, though not acting in that capacity at present, has been one of our prominent superintendents of training schools, and so our pupil nurse is not voicing the opinion of the layman, but one of long experience in the nursing profession when she says: "I sometimes think there is just a little too much stress laid upon the things that count only for appearance, and not quite enough upon some other things that tend more directly to make the patient comfortable and happy." Another expression from the nurse's viewpoint will be found in our Letter Box.

#### Personal

At a meeting of the Executive Committee of the New York Post-Graduate Medical School, Miss Annie M. Rykert, for several years matron of the hospital, was appointed

superintendent of the Post-Graduate Hospital in place of Alexander H. Candlish, resigned. Miss Eleanor M. Brown was appointed assistant superintendent.

# In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

## New York City.

The Commissioner of Public Charities and the Board of Managers of the Metropolitan Training School for Nurses gave a reception in honor of Miss Jane M. Pindell, the retiring Superintendent of the Metropolitan Training School, at the residence of Dr. and Mrs. Clinton L. Bagg, 24 West Forty-sixth street, Thursday, January 2, 1908, from 4 until 7 o'clock.

The nurses of the Post-Graduate School of Nursing of the Woman's Hospital in New York, gave a delightful entertainment on Christmas Eve to the head nurses of the institution and others. A Christmas Tree, prettily decorated and lighted, furnished tokens for the class and its guests, and games, music and dancing were enjoyed. An excellent supper was provided, and the whole affair will always be remembered most pleasantly by all the participants.

A meeting of the graduate nurses of Manhattan and Bronx was held at the Polyclinic Hospital, 214 East Thirty-fourth street, Jan. 6, at 4:30 o'clock.

A meeting of the New York County Society was held on Tuesday evening, Jan. 7, at Bellevue Club.

#### Connecticut Notes.

Miss May L. Love, of Norwich, a member of the board of examination and registration of nurses, has resigned. Miss Martha J. Wilkinson, of Hartford, has been appointed by Governor Woodruff to fill the vacancy. Miss Wilkinson is the ablest woman in the State for the position to which she has been appointed.

Neither the hospital nor training school superintendents are in sympathy with the recent raise in price by New Haven nurses. The New Haven Hospital refuses to pay special nurses over \$21, and it is reported that nurses from one of the clubs active in advancing the price are accepting this rate from the hospital and rather inconsistently charging private families \$25.

The Graduate Nurses' Association of Connecticut has fulfilled its pledge of \$150 for the Hospital Economics Endowment fund.

The Connecticut Training School Alumnae Association, though unpledged, will by individual subscription be able to aid the fund by \$40.

Miss Rose M. Heavren will go to San Francisco as delegate from the Connecticut Training School Alumnae Association to the Associated Alumnae convention.

A valentine dance for Feb. 14 and a fair for November next are being planned to aid the home endowment fund of the C. T. S. Alumnae.

The Graduate Nurses' Association will hold its quarterly meeting in Danbury Wednesday, Feb. 5.

## New Orleans, La.

The Charity Hospital Training School for Nurses graduated a class of twenty-six young women Dec. 11, 1907. The exercises were held in the amphitheatre of the hospital. Most Rev. James H. Blenk, S. M., D. D., was the orator of the day, and in an address replete with witty allusions, coupled with earnest and serious thought, he reminded the young nurses of the noble duties of their chosen profession. The Board of Administrators and the faculty of lecturers were well represented at the exercises.

Dr. E. S. Lewis, Vice President of the

Board of Administrators, opened the programme with a brief talk. Dr. Lewis paid quite a compliment to Mr. John T. Gibbons, a member of the Board, for having originated the idea which has already somewhat offset the difficulty of obtaining sufficient nurses. "It was through Mr. Gibbons' happy thought that the co-operation of the press was secured in calling attention to the need for nurses, and circulars to the country parishes were sent out. It is to this that the present large class can be attributed. The present class of ninetynine is the largest the school has ever had. Even this increased number is inadequate for the needs of the institution, and when the Delgado Memorial is finished 125 will be need-As this increase will materially add to the expenses of the institution, it will be necessary to petition the Legislature for an increased appropriation."

The report of the Directress, Sister Agnes, was read by Dr. Batchelor.

The diplomas and class pins were then awarded by Dr. Lewis to the following:

Miss Marie Anepohl, Miss Llewellyn Benoit, Miss Elizabeth M. Bourg, Miss Marie B. Daniel, Miss Josephine A. Finnegan, Miss Mary C. Gillespie, Miss Helena H. Greve, Miss Florence M. Hasson, Miss Cora C. Higgins, Miss Matilda V. Huck, Miss Julia R. Huff, Mrs. Effie C. Joly, Miss Mayme A. Lanius, Mrs. Carl G. Lewis, Miss Cecelia M. Maher, Miss Anselmus M. Mayeux, Mrs. Cecile L. Raby, Miss Katherine A. Renecky, Miss Bessie P. Ross, Mrs. Nora R. Ross, Miss Bessie B. Rosser, Miss Ola E. Rushing, Miss Sallie M. Sullivan, Mrs. Marie L. Vignau, Miss Alice E. Walker, Miss Alma M. Wohler.

A dinner was given at the training school on Dec. 12 for the graduates of '07, the old graduates and house doctor. There were jesting and toasting and every one seemed happy.

## Camp Nicholas Senn.

Feeling that those societies in which the greatest number have a voice and a part, those organized on the most democratic lines, are the useful and successful ones, Camp Nicholas Senn, at the December meeting amended its constitution to make the camp conform more nearly to this line of organization. The camp met in Mandel's Ivory Tea Room on the afternoon of December 3. After

transacting routing business and voting to send flowers and a letter of sympathy to the secretary, Mrs. Minteer, who was unable to be present because of illness, the amendments, copies of which had been sent to the members, were taken up.

As amended, the constitution makes the chairmen of the standing committees officers of the association, and provides for their election at the annual meeting, instead of being appointed by the chairman, as heretofore. In this way the Executive Committee is completed, thus giving the creation of the executive body entirely into the hands of the members and providing that all business not transacted in open meeting may be done by the direct representatives of the membership.

Letters on the subject were received from camp members in California, Toledo, Detroit and Peoria, approving the changes (out-of-town members are seldom able to attend meetings, but no meeting passes without letters from some of them). The action on the amendments was unanimously in favor of adoption. Plans were discussed for the convention of S. A. W. N., to be held in Chicago in June, as the guests of Camp Nicholas Senn, the territory of which camp extends from New York west to the Rocky Mountains. There was great rejoicing over a large check sent by Dr. Senn, to be used for the furtherance of these plans.

Miss Sigsbee, who has resigned her position in Cook County Hospital to take up work in a children's home in Omaha, Neb., was asked to act as secretary pro tem as a farewell service to the camp.

While we were over the teacups before adjourning Miss Jones gave a very complete and interesting report of the annual meeting of the society of S. A. W. N., which was held at Jamestown in October. The next meeting will be held Tuesday, March 3, in Mandel's Ivory Tea Room. A large attendance is important.

I. V. PARKES, Chairman.

## lowa Notes.

The new \$25,000 Nurses' Home, connected with the Iowa Methodist Hospital, Des Moines, is rapidly nearing completion and will be ready for occupancy in a short time. The building is constructed of vitrified cream brick, is modern throughout, and will furnish accommodations for seventy nurses, including

a large reception room and a library where the current literature will be gathered. The Des Moines home will be the largest nurses' training school home in the State, and of the twenty-two similar institutions west of Chicago, is the youngest, and is only surpassed in equipment and size by the Wesley Home in Chicago.

The Registered Nurses' Association of Des Moines held its fifth annual meeting January 3, at the Y. W. C. A. rooms, and elected officers for the coming year. President, Miss Luella Bristol; first vice president, Miss Caroline Lindholm; second vice president, Flora Patzig; secretary, Mrs. J. W. Tyrell; treasurer, Miss Estella Campbell; auditor, Miss Dora Bunch.

Miss Masie Blank, class of 1900, Homeopathic Hospital, spent a few days in November visiting old friends at the hospital. Miss Blank is now holding the position of Superintendent of the Atlantic, Iowa, Hospital.

Miss Sarah B. Clark, class of 1905, Homeopathic Hospital, has located at No. 614 South Sixth street, East Cedar Rapids.

Miss Ethel Dunham, class of 1907, Homeopathic Hospital, Iowa City, visited the hospital and outside friends a few days in November. Miss Dunham is located in her home town, Manchester, Iowa.

Miss Lulu White, a graduate of one of Vermont's State hospitals, succeeds Miss Paulson as head nurse at "The Retreat," Des Moines, Iowa.

Misses Anna R. Eliker and Laura G. Bobenhouse, missionaries to India, are spending the furlough alloted them as students at the Iowa Methodist Hospital Training School, Des Moines, in order that they may be more proficient in the work of caring for the orphanages of which they have charge in that country.

## Fall River, Mass.

The annual meeting of the Nurses' Alumnae Association was held Wednesday evening, Jan. 1, 1908. Seven new members were enrolled during the year, making a total of

sixty-one members. Meetings, either business or social, have been held every month except September. The August meeting was held at the home of one of the members in the country and much enjoyed. Doctors addressed the nurses on two occasions. It was voted to give assistance to nurses in sickness. The banquet held in December was very successful and much enjoyed.

The association had a successful year, socially, financially and educationally.

> LAURA W. WOOD, Corresponding Secretary.

## Montclair, N. J.

At a special meeting of the Mountainside Hospital Alumnae Association, Dec. 12, at 95 Grove street, the following officers were elected for 1908:

President—Miss K. Garrett.
First Vice President—Miss S. A. Toole.
Second Vice President—Miss C. Lafferty.
Recording Secretary—Miss A. Gutherie.
Corresponding Secretary—Miss M. Willer.
Treasurer—Mrs. W. A. Mellville.

Committee of Arrangements—Miss Annie Mack, chairman; Mrs. Berrian, and Misses Toole, Morgan and Reed.

Visiting Committee—Miss C. Lafferty, chairman; Misses Lecky and Cox.

Auditing Committee—Miss Margaret Mack, chairman; Misses Robinson and Stitt.

Nominating Committee—Miss M. Willer, chairman; Misses Maines and Moore.

M. M. WILLER, Corresponding Secretary.

## Colorado Springs, Col.

The usual monthly meeting of the Colorado Springs Registry Association was held in Grace Church Parish House on December 4. A most instructive and interesting lecture was given by Dr. Webb on "Upsonius," which was very much appreciated by the large number present.

## Philadelphia, Pa.

The annual meeting of the Nurses' Alumnæ Association of the Medico-Chirurgical Hospital, was held on December 4, in the hospital. The following officers were elected to serve for the ensuing year:

President, Mrs. John L. Moyer; first vice-

president, Miss Anna Lehman; second vicepresident, Miss Venetta V. Kahler; financial secretary, Mrs. William Slocum; secretary, Mrs. Phaon J. Rex; treasurer, Miss M. W. Ayres.

One new member, Miss Shore, was admitted to the association.

The association gave a euchre and dance on Friday, December 6, at 8 p. m., in the Ritten House, Twenty-second and Chestnut streets. It was well attended, and proved to be both a social and financial success.

MRS. PHAON J. REX, Sec.

At the end of the Fall term, 1907-1908 twenty-five students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the following branches:

In the Swedish System of Massage, Medical Gymnastics, Electro- and Hydro-Therapy-Anna M. Deuser, San Francisco, Cal., graduate Waldeck Hospital, San Francisco, head nurse and later chief of same hospital, member Guild of St. Barnabas; Elizabeth E. Rose, Meadville, Pa., Meadville Hospital; Mary Adelaide Vollbrecht, Erie, Pa.; Lillian Lydia Luce, Haverhill, Mass.; graduate Lynn Hospital, Lynn, Mass.; Juliane R. Bauer, Oberohrn, Germany: Maude H. Davis, Ottawa; graduate Montreal General Hospital, superintendent Red Deer Hospital, Alberta, Can., member Canadian Guild of St. Barnabas; Dora Martin, Winnipeg, Manitoba, London Hospital, London, England, City of Dublin Hospital, Rotunda Hospital and Coombe Hospital, Dublin, member Australian Trained Nurses' Association; Florence K. Gray, Portland, Me., New York Infirmary for Women; Rose Cobb, Philadelphia; Jacob Weber, Philadelphia; Theodore Fleischman, Philadelphia; Jeffrey A. Haves, Philadelphia.

In the Swedish System of Massage, Gymnastics and Hydro-Therapy—Margaret Aileen Hampton, Washington, D. C.; A. Meretta Rideout, Lynn, Mass., graduate Lynn Hospital, Lynn, Mass, and night supervisor of the same, member Guild of St. Barnabas.

In the Swedish System of Massage and Gymnastics—Elizabeth Lukens, Camden, N. J.; Marion J. Tewhran, New Haven, Conn.; Clara Rogers, Oxford, Pa.; M. D. Billet, Philadelphia; Bartie R. Bennett, Philadelphia; Martin P. Lawler, trainer Philadelphia Athletic Club.

In Electro-Therapy—Margaret A. Zabel, Gainesville, Fla.; graduate German Hospital, Philadelphia; Anna E. Livingston, Detroit, Mich.

In Electro- and Hydro-Therapy—Kathryn Simpson, Philadelphia; Eleanor M. Wadasz, Philadelphia, Friends' Asylum, Frankford, Pa.

In Hydro-Therapy — Alice E. Phillips, Charleston, S. C., graduate Newark City Hospital.

The Winter term opens this month.



## Scranton, Pa.

The regular monthly meeting of the Scran ton Training School for Nurses was held in the State Hospital Jan. 2, 1908. The meeting was called to order at 3:15 P. M. President Miss Alice Brice in the chair. Fairly good attendance. After the roll call the minutes of the December meeting were read and approved. The reports of the retiring officers were then given. Next the election of new officers as follows: President, Miss Alice M. Brice; Vice President, Miss Charlotte Williams; Treasurer, Miss Frances Deniker; Secretary, Miss Mary Tigue, Miss Alice Brice and Miss Gibson were re-elected on the entertainment committee, Miss E. Saul and Miss Vandervoort on the sick committee. A vote of thanks was then given the retiring officers. A business meeting followed this. A social and dance will be given in February. There was no further business. Meeting adjourned to meet in State Hospital Feb. 13.

HARRIET B. GIBSON, Secretary.

#### Camp Roosevelt.

The January meeting of Camp Roosevelt, S. A. W. Nurses, was held by invitation at the home of Mrs. Ammerman, No. 2340 Seventh avenue, on Wednesday afternoon, the 8th inst. Mrs. Taylor presided. The illness of Miss Elizabeth Tuttle, of Brooklyn, was reported. Miss Tuttle is now convalescing, we are glad to hear. After the usual routine of business had been gone through, an adjournment was made and a perfectly lovely "spread" was given us by our hostess. The February meeting of Camp Roosevelt will be held at Miss Edith Abrams's, No. 215 West 127th street, on Wednesday afternoon, the 5th. All S. A. W. nurses invited.

FLORENCE M. KELLY, R. N.

## Toledo, Ohio.

A free dispensary with two nurses exclusively for tuberculosis work has been successfully established in Toledo, Ohio. One of the societies which previously helped in the providing of district nurses has withdrawn from the general work and taken up this special tuberculosis work. The first special nurse began her duties in May, but already her field has grown so large that an assistant Supplemental to the has been engaged. other work there will soon be opened a free dispensary, with a night hour and a Sunday hour. Some of the best known physicians in Toledo have volunteered their services for the dispensary, and a great deal of co-operation has been secured from a half dozen sources. The Thalians, a woman's club, is In addition to this, financing the work. Toledo has four district nurses supported by the King's Daughters and the Visiting Nurses' Aid Society.

## Cleveland, Ohio.

The annual business meeting of the Alumnae Association of the Cleveland City Hospital Training School for Nurses was held at the Nurses' Home on Jan. 7, 1908. Thirteen members responded to roll call. The minutes of the last meeting were read and approved, followed by the reports from the officers who were present, showing the organization to be in splendid condition. The election of officers resulted as follows: President, Miss Anna Pepper (re-elected); First Vice President, Miss Blanche Watt; Second Vice President, Miss Myrtle Trappe; Secretary, Miss Emma Lewis; Assistant Secretary, Miss Emma Sommers; Treasurer, Miss Amanda Schlobohm.

## Guelph, Ont.

The graduating exercises of St. Joseph's Hospital, Guelph, took place on October 16. The medals and diplomas were presented by the Lord Bishop of Hamilton, Dr. Mackinnon and Mayor Newstead, and each graduate was presented with a shower bouquet by the directors of the hospital, after which addresses were made by his worship the Lord Bishop, Father Cotee, of Hamilton; Father Donovan, Mayor Newstead, Dr. Mackinnon, Dr. Lindsay, Dr. W. O. Stewart and Dr. H. O. Howitt. The musical part of the programme

was in charge of Mrs. Kennedy. The graduates were Miss Bush, St. Clements; Miss Myers, Waterloo; Mrs. Hanlon, Guelph; Miss Cooper, Galt; Miss Toner, Hamilton.

## Orange, N. J.

The Orange Branch, Guild of St. Barnabus, held its monthly meeting for November on Thursday, the 21st, at Christ's Church, East Orange. Owing, probably, to the day being a severe stormy one there was but a scanty attendance.

A helpful sermon was preached, in which the speaker took for his text Christ's message, "Peace, I Give Unto You." The preacher explained that Christ had peace within Himself, and that although surrounded by much which made for disturbance and turmoil, nevertheless our Saviour was always at peace.

The usual collection for the sick relief fund was taken, and at the close of the church service those present assembled in the choir room for business meeting. Chaplain in the chair.

Routine business followed, after which the secretary, Mrs. Howe, announced that the organization known as the Committee on Fresh Air Work in the Oranges, had, after much deliberation, purchased a parcel of ground containing a small house at Bradley Beach, New Jersey. The price of purchase was \$3,000, but the greater portion of the price was to remain as mortgage.

Moved and carried that the Guild hold an apron sale some time during the winter, proceeds of which would be used toward furnishing the room for the nurse at this Bradley Beach cottage.

At the adjournment of the meeting coffee and cake were served and a pleasant social time ensued.

## Married.

Married, at the home of the bride's parents, in Algona, Iowa, December 31, Miss Bertha Heise to Dr. E. Arent, of Humbolt, Iowa. Miss Heise is an efficient and popular trained nurse of Algona, and Dr. Arent one of the best known physicians in Humbolt County.

Miss Edith Hoover, for five years superintendent of the Herschey Hospital, of Muscatine, Iowa, was wedded on the evening of December 25 to the Rev. Arthur E. Ryan.

Mr. and Mrs. Ryan will leave about April 1st for Mastovan, Turkey, in Asia, where they will become Congregational missionaries. Both are well known young people of Muscatine and belong to prominent Iowa families.

At Newburgh, November 27, Miss Ella Bierman to Dr. Percy Banks, of Coldenham, N. Y. Mrs. Banks is a graduate of St. Luke's Hospital, Newburgh, class '06.

Married, by the Rev. John Paulson, at the residence of the bride's parents, in Henning, Minn, November 28th, Miss Josephine Paulson and Mr. Nelson Swenersen. At home in Orthey, S. D., after December 15. Mrs. Swenersen is a graduate of the Iowa State Hospital Training School, Independence, Iowa, and for some time had held the position of chief nurse at Dr. Hill's Retreat, Des Moines, Iowa.

Announcement December 17th, of the marriage of Miss Carolyn Paulson, late superintendent of nurses at the Iowa Soldiers' Hospital, Marshalltown, Iowa, to Mr. Harris A. Newell, of the same city, will cause much surprise to the many hospital friends of Miss Paulson throughout the State, who expected her return to the hospital after a three months' leave of absence, which was granted November 15th. The announcement reads as follows: "Married, in Chicago, June 23d, 1907, by the Rev. Dr. Peirce, of the Methodist Episcopal Church, Miss Carolyn Paulson and Harris A. Newell, of Marshalltown. Mr. and Mrs. New ell are residing in Chicago, where the former is finishing a course in medicine at Northwestern University Medical College. are at home at 2520 Indiana avenue."

Married, at the Church of the Ascension, Bradford, Pa., Thursday, Nov. 28, 1907, Eleanor Alice Partridge, of Bradford, to H. Edwin Brown, of Ossining, N. Y. Mrs. Brown is a graduate of the Philadelphia Hospital Training School, class 1899. Mr. and Mrs. Brown will be at home to their friends after February 1st, 1908, at 19 South Malcolm street, Ossining-on-the-Hudson.

## Personal.

Miss Lillian Lydia Luce, of Haverhill, Mass., a graduate of the Lynn Hospital, Lynn, Mass., after completing a course in the Swedish system of massage, gymnastic, electro and hydro therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has been placed in charge of the bath and massage department at the Alcazar Hotel, at St. Augustine, Fla.

Mr. John M. Bornmann, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the Swedish system of massage, gymnastics and hydro-therapy, has been placed in charge of the male department in massage at the nervous clinic of the Medico-Chirurgical Hospital in Philadelphia.

Miss Amy McCreery, a graduate in mechano-therapy of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has been engaged by the department of mechano-therapy of the Lakewood Hotel, Lakewood, N. J.

Miss Jane M. Pindell will succeed Miss Gilmour as superintendent of the New York City Training School for Nurses. Miss Ward will succeed Miss Pindell at the Metropolitan Training School.

Miss Olive Helen Eames, of San Diego, Cal., a graduate nurse of the San Diego County and General Hospital, and in charge of the mechanical department of the Agnew Sanitarium in San Diego, after taking a course in the Swedish system of massage, medical and orthopaedic gymnastics, electro and hydro therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has been appointed department superintendent of the Agnew Sanitarium.

Miss Rose Enge was elected superintendent of the Ramsey County Nurses' Association at a special meeting held at the club rooms, Lowry Arcade. She succeeds the late Miss Ida Sweatman.

Miss Marilla Williams, who for eight years was superintendent of the Deaconess Hospital, Jeffersonville, Ind., but who left a couple of months ago for a visit with her parents at Storm Lake, Iowa, where she went for the purpose of getting a rest and to recuperate after

an attack of typhoid fever, has now been elected superintendent of the Methodist Episcopal Hospital at Indianapolis, and her friends received the news of her election with much pleasure.

Sister Theresa, a nurse at St. Mary's Hospital, Milwaukee, Wis., was shot and killed by Gustav Wirth, who is believed to be insane. The assassin was captured after being chased several blocks. Wirth was operated upon at the hospital a year ago. He called there, and, upon seeing Sister Theresa, began a fusilade, firing four shots into her body. Sister Theresa died in a few minutes. Wirth said the hospital officials had tried to poison him.

Miss Crawford, who has been acting superintendent of Framingham (Mass.) hospital since Dr. Hintze retired, has tendered her resignation, to take effect March 1.

The alumnae of the New York City Training School have opened a clubhouse and registry at 1185 Lexington avenue, where Miss Irene B. Yocum, the Registrar, will extend a hearty welcome to all friends.

Miss F. Elizabeth Hill, who was night superintendent of the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases, has taken charge of the Cottage Hospital of Portsmouth, N. H., as superintendent, to succeed Miss Anna F. Alpaugh, who was married December 18, 1907, to Dr. Blaisdell, of Portsmouth, N. H. Miss Hill is a graduate of the City Hospital of Williamsport, Pa.

## Obituary.

It is with deep regret that the Alumnae Association of Sherman Hospital, Elgin, Ill., learned of the death of Miss Jennie Haverkampf at the hospital at Lawrence, Kan., December 28, 1907, of typhoid fever. Miss Haverkampf was a graduate of the class of 1905 of Sherman Hospital. The following resolutions were adopted:

Whereas, Our Heavenly Father has deemed it best to remove from us our concientious sister, Jennie Haverkampf; be it

Resolved, That we, the Alumnae Associa-

tion of Sherman Hospital, extend to the family of Miss Haverkampf our sympathy; and be it further

Resolved, That a copy of these resolutions be sent to her family, the nursing magazines, and that they be spread upon the records of our association.

FLORENCE WENEGAR, ESTHER BISHOP, KATHLEEN MITCHEL.

Mrs. Albert C. Odell died on Sunday evening, November 11, at 6 o'clock, at her home, 437 First street, Brooklyn. Mrs. Odell had been ill for three weeks with typhoid fever.

Mrs. Odell was a graduate nurse of St. Luke's Hospital, Newburg, N. Y. She was a native of Sarnia, Ontario, Canada. She was a daughter of Mr. and Mrs. C. E. Proctor. Her sister, Miss Ida, was with her when she died, she having been summoned from Detroit

Mrs. Odell was an estimable young woman and her death will be sincerely mourned by her many friends in Newburgh.

Miss Bertha H. Harris, graduate of the Maine Eye and Ear Infirmary Training School, class of '96, died quite suddenly November 25th, 1907, at her home in Portland, Me., after a brief illness.

At the December meeting of the Alumnae Association of the Maine Eye and Ear Infirmary Training School of Nurses the following resolutions were adopted:

Whereas, It has pleased God in His all wise providence to remove from our midst Bertha Holmes Harris, class of '96.

Resolved, That we, the members of the Alumnae Association, have sustained in her death the loss of a valued friend and loyal member, and that we tender to her mother and sister our sincere sympathy.

Resolved, That a copy of these resolutions be sent to her family, to The Trained Nurse, The Journal of Nursing and be recorded on the minutes of the association.

Committee on resolutions.

MARIE C. STOVER, MINNIE TIBBETTS, ADA L. KNIGHT.

Portland, Me., December 15th, 1907.

(Continued on page 122.)

# The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS. CONTRIBUTIONS FOR THIS DEPARTMENT MUST BE ACCOMPANIED BY THE NAME AND ADDRESS OF THE SENDER, NOT NECESSARILY FOR PUBLICATION, BUT FOR THE USE OF THE EDITOR.

### To Our Contributors.

We must again call attention to the fact that letters intended for this department must be accompanied by the name and address of the sender. This is for the use of the editor only. We have received a number of interesting letters, to which we will be glad to give attention when the above conditions are complied with.

## How Much Shall We Teach? To the Editor of The Trained Nurse:

The modern, busy physician and surgeon, whose time is necessarily limited to the weightier problems of his profession, has been forced to realize the necessity of a reliable assistant. Hence the nurse.

The assistant who must share with the surgeon his tremendous responsibilities must have a thorough understanding of her profession, and the more general, the wider will be her range of usefulness. It has been said that to know one thing well one must know everything. We do not even aspire to that height of perfection; however, knowledge is always a valuable possession. If a little knowledge is dangerous, then who is out of danger? Some of the views recently expressed in the nursing journals regarding the "higher education of nurses" have evidently been made by some whose advantages have not, unfortunately, been a "higher education." No right-minded person can say that education or development of the mind unfits a nurse for her profession. This fact is proved by the quality of women holding responsible positions as nurses in the various institutions and associations. The uneducated and illbred make up that class largely which causes discord and lack of harmony among nurses.

A prejudice against the instruction of nurses has been entertained by some of the medical profession, who feared that the nurse would trench upon their own province. It is only those who have no formal instruction as to their duty who will overstep the bounds of propriety. The trouble with such nurses is not that they know too much, but that they know too little.

The facts are also proven by a well-known surgeon, Dr. William Rawlings, who is chief surgeon of Rawlings's Sanitarium, of Sandersville, Ga., who has added, as a part of the regular three years' course of training, a six months' course of instruction in the administration of anesthetics—the instruction consisting of lectures, demonstrations and actual practice under the instructions of Dr. H. A. Hermann. From 150 to 200 general and local anesthetics are given in that time. The anesthetics given embrace all those used in the modern practice of surgeons, viz., ether, chloroform, nitrous oxide gas, cocaine and their various modifications.

A special course of two months in dietetics has also recently been added. The instruction is given by a nurse especially trained at a prominent cooking school in Boston, Mass.

The human mind, with its rare capacity for cultivation and development, should never be content, but, like the immortal Oliver, constantly call for "more."

MARION WHITTEN, Superintendent of Nurses.

## Infant Training and Feeding.

To the Editor of The Trained Nurse:

"The Often Perplexed Nurse," in the December number, states my idea exactly. I have read with great interest the articles written by Miss Harrison and Miss Harris, and often wished obstetric nurses would give their views on infant feeding and training through the Trained Nurse. I cannot get a baby to sleep from 10 p. m. till 6 a. m. without food, no matter how I try, and how can we, in private practice, leave the little ones scream during the night. I have pacified some wee babies

with warm water from a bottle, but where I have a healthy child with strong lungs, and a hearty feeder, it would awaken the neighborhood. A hungry child will not be pacified until fed.

I have no trouble during the day time, for where the infant is not satisfied after the second week with the contents of the breast, I give two ounces of prepared top milk after each nursing. I have no trouble with bottle-fed babies. I give each child the food according to its own capacity, and then it is satisfied; I change according to the wants of the child, not according to age, or text book. But the night feeding is where I find the trouble. How about other obstetric nurses in private practice? Would be pleased if this subject would be taken up through the TRAINED NURSE.

Ten Years, Obstetric Nurse.

## Getting the Baby to Sleep.

To the Editor of The Trained Nurse:

In answer to an often perplexed nurse, I will tell what I do to get my babies to sleep all night. She asks, "What is to be done when a baby wakes in an hour's time?" Surely you wouldn't feed it again? If so, I am sure there would be trouble. If a baby wakes in an hour after having a good meal it is not because it is hungry, but may be from several reasons. You want to be sure it has had a good meal, though, and not too much or too little, for overfeeding or underfeeding would cause it to wake (although Dr. Page says a baby never cries because it is hungry, as hunger is not a pain), and if a baby wants to nurse forty minutes you may be sure it is one of the two, for when there is sufficient milk ten, or not more than fifteen, minutes on each side is long enough for any baby. I have never had much trouble that way myself for I find when there is a good supply of milk my babies are satisfied in fifteen or twenty minutes. And if they are not satisfied I give the bottle for one feeding, or after they have nursed ten minutes on each side. And if they want it then I feel pretty sure the mother has not enough, or it is not the "right kind." If a baby is getting enough to eat, you will not have much trouble training it to sleep all night. If a baby gains right along at the rate of three or four ounces a week, it is getting enough to eat. Text books only give the

amount for two hour feedings, and I find babies who are only fed six times in the twenty-four hours from the first can sometimes take twice the amount set down in text books without any discomfort. I begin by giving one meal in the night after 9 or 10 p. m., about 2 a. m. (never before), then gradually make the time a little longer, until at the fifth or sixth week the night feeding is dropped. Some babies drop the night feeding themselves, and begin to sleep right through, at six or seven weeks, from 6 p. m. until 6 a. m. Others will wake and cry for a while. I see that they are dry and comfortable, and if they have been sleeping on the right side, turn them on the left. Sometimes just doing that will quiet them, and sometimes they cry fifteen or twenty minutes before they go to sleep. I never give water in the night, for unless a baby has a pain it does not need it, and that only gets it into the habit of wanting something. When a baby sleeps from 6 p. m. until 6 a. m., just before I retire I make sure it is dry and turn it on the side it has not been sleeping on all evening. Do it gently and the baby will not wake up, or if it does will go right to sleep again. Sometimes it takes patience to get a baby to sleep all night, but the results are so good and it is so much easier to do it when they are very young than to wait until they are ten or twelve months old, that I think you will find your patients as grateful as mine have been when I have left them such good healthy babies.

ANNIE L. P. HARRISON.

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## An Open Letter.

To the Editor of The Trained Nurse:

Will you kindly insert the following in your journal, giving it as prominent place as possible?

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to any one who reads this circular and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery, such information will be much appreciated and duly acknowledged.

Any well-authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed. Cancer paste cures, X-ray cures, radium cures, or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of person who may give knowledge first hand. Address

> HORACE PACKARD, 470 Commonwealth Avenue, Boston, Mass.

December 30, 1907.

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## Shall We Sell Nursing?

To the Editor of The Trained Nurse:

Is "The Independent Nurse," whose letter appeared in the January issue of THE TRAINED NURSE, quite justified, ethically or professionally, in the stand she takes? members of a profession, we owe allegiance to the tenets and customs of that profession. We cannot afford to be iconoclasts. The ruthless destroyer of professional ideals and standards of conduct will scatter abroad as much trouble as of old did the "tearer down of idols." As a profession, doing "work for the work's sake," nursing is a high, ennobling, humanitarian occupation; as a "commodity on the market" it will be relegated to the grade of personal service and the nurse will become a menial.

If a member of our profession elects to become a "free lance," conforming only to such conventions of professional conduct as appeal to her as an individual-setting up an independent ethical code, which, according to her logic, will work against her if it isn't rightshe is doing incalculable harm to the profession of which she "elected" to become a member. While she stands as a member of the profession her deeds react and reflect on the profession. The example of her deed as well as the deed itself has a far reaching influence over which she has no control. Every deed does react, but not necessarily at once or on the doer. A deed done as an individual and a deed done as the representative of a corporate body have different effect and significance.

The care of the sick is the reason for and the purpose of our profession's existence. The individual members have a duty to the profession. The professional conscience requires of the individual the fulfilment of the profession's purport.

A profession is a vocation requiring special

fitness and preparation; it is studied and practised for a definite end other than the personal benefit of the professor.

A trade is an exchange of equivalent values; a means of livelihood; service exchanged for monetary consideration.

If nursing is a "commodity on the market;" if the relief of sickness and suffering is a supply to meet a demand in the commercial sense; if nursing is merely a means of livelihood; if a woman chooses nursing as her work from no other motive than she chooses stenography or a department store clerkship; if patients are merely a material for our wage-earning labor, then nursing is a trade, an occupation, and not a profession.

One does not need to be a sentimentalist to appreciate this distinctive quality which "The Independent Nurse" ignores. It is simply the difference between the humanitarian and the hard-headed tradesman; the philanthropist and the doctrine of the weakest to the wall.

The profession needs the help of every one of its members. In the perfectness of its component parts is the perfectness of the whole. We are in a state of politics and trial of new things from which we shall emerge made better or worse by the interpretation of what nursing truly is to be. Can "The Independent Nurse" afford to put it on a purely commercial material basis?

Shall we profess nursing or shall we sell nursing?

ONE WHO DESIRES TO BE A PROFESSIONAL NURSE.

## Agrees with Miss Addams.

To the Editor of The Trained Nurse:

I wish to thank Miss Jane Addams through you for the paper "The Layman's View of Hospital Work Among the Poor." It is not only the poor, but many times those who are blessed with money, who suffer as she has described.

In 1895 I was a patient in a Sisters of Charity Hospital in Colorado. I paid well for my care, but there were many who paid nothing. I was so pleased with their work that when I recovered I entered a hospital and trained for a nurse. Since then I have had three very severe operations. Once I was in a private hospital, and twice in one of our best general hospitals. Although I had a special nurse and paid high for my care, yet many times I wished for my Sister of Charity.

# The Dietetic Needs of the Growing Child

can be met only by foods that present the essential food elements—proteids, carbohydrates, and fats—in proper proportion. As prepared with milk, Benger's Food supplies a perfectly balanced diet that can be easily and accurately modified to meet every conceivable demand of age or digestive weakness. Its degree of predigestion can be precisely regulated,—i. e., increased or diminished—in the course of its preparation, and this insures the greatest possible assimilation.

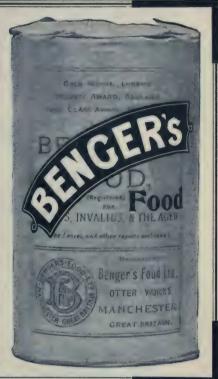
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## Glenn's Sulphur Soap

is universally recommended by physicians and surgeons because they recognize its perfect purity and unsurpassed medicinal properties. It is soothing, healing, antiseptic, and aids in restoring normal conditions.

Sulphur has been for generations an unfailing household remedy. The pleasantest and most efficient way to use it is in Glenn's Sulphur Soap.

Sold by all druggists.

"Pike's Toothache Drops Cure in One Minute."



When I was receiving my nurse's training course in Denver, the nurses were compelled to wear rubber heels while on duty. The pittance we received with our training barely kept us in uniforms, and it was necessary we should economize in every possible manner. For some time I used cheap rubber heels, but I soon found the shoes would scarcely be worn until the heel would be completely worn out. My dealer advised me to have the O'Sullivan put on my shoes. They wore three times as long, consequently were cheaper. They were more comfortable because they were more elastic than the other cheaper heels. I informed the other nurses of them and it was not long until we used no other rubber heel but O'Sullivan's. MRS, JAMES A. ARMOUR, Alliance, Neb.

O'SULLIVAN RUBBER CO., LOWELL. MASS.

I shall never forget one night I was suffering great pain, and begged my nurse for something hot. She said I ought to expect the pain after such an operation, and she thought a nurse should have more reason. Many mornings I was tired after a sleepless night; but never mind, the room must be put in order, and I dressed for the doctors' call, and after the call I was too nervous to sleep. It is doubtful whether I am ever strong enough to nurse again, but if I am, my patients will not have the many so-called hospital blessings.

A READER OF THE TRAINED NURSE.

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## Have You Had a Like Experience?

To the Editor of The Trained Nurse:

I wish to submit to our magazine a strange obstetrical case which was under my care. A male child born November 12. Delivery normal. Mother did well. Child did well until

about one week after delivery. Then the skin of the right forefinger loosened at the nail and came off. Same on thumb of other hand. This trouble spread all over the body, the skin coming off in different places. Head and eyes affected. Digestion not good. Treatment for indigestion and skin affection. Bichloride bath and olive oil changed to boric acid when new skin formed. Child died two days before it was three weeks old. After death, skin over face was like parchment, drawn and broken in places, showing little fine capillaries. This was the mother's third child. The second child had the same malady as this babe. The skin peeled and she was troubled with indigestion for two months, but is now an apparently healthy child. The undertaker said he had never seen such a case. The physician in attendance had a record of 1500 deliveries. but never a child like this. Has any nurse had a like experience?

A NURSE OF THE MIDDLE WEST.

## In the Aursing World—Continued

#### Personal.

Mr. and Mrs. Verson M. Boothby, registered nurses, of Lebanon, Conn., have accepted the positions of superintendent and matron of a sanitarium at Woodmont, Conn.

Miss Elizabeth E. Heinemann has been elected to succeed Miss Rodgers at the Emergency Hospital, Nashua, N. H. Miss Heinemann has been serving in the capacity of assistant matron for the past two years.

Miss Margaret Bayle succeeds Miss Heinemann as assistant matron at the Emergency Hospital, Nashau, N. H. Miss Bayle is a graduate of last year's class at the Emergency Hospital.

Miss Mary B. Cornell, who for the past year has been in charge of the tuberculosis dispensary, Wilkesbarre, Pa., but resigned some time ago, left for her home in Philadelphia, from where she expects to take up a position of the same nature. It is most sincerely regretted by all that Miss Cornell should have resigned just at a time when the fruit of her hard, earnest labor is about realized. Too much cannot be said of the excellent manner in which Miss Cornell carried on the management of the dispensary, but the results obtained speak for themselves. During her stay in Wilkesbarre she made many friends, who, with her patients, were loath to have her leave, and who wish her every success and happiness in her new position.

Miss F. L. Croft, superintendent of the Virginia Hospital, has tendered her resignation, to take effect January 15. She will become assistant superintendent of the New York City Hospital Training School, from which she was graduated. Miss Croft has been superintendent of the Virginia Hospital for the past two years, and during that time has made a most efficient officer. Her departure from Richmond will be viewed with sincere regret.



## Book Reviews

Diseases of Children for Nurses, Including Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis, Hygiene and Nursing, by Robert S. McCombs, M. D., assistant physician to the dispensary and instructor of nurses at the Children's Hospital of Philadelphia; assistant physician to the medical dispensary of the Hospital of the University of Pennsylvania. Illustrated. 12mo of 430 pages. Price \$2.00. For sale by the Lakeside Publishing Company.

The author's experience in lecturing to nurses at the Children's Hospital of Philadelphia convinced him of the necessity of a book dealing with the various questions of sickness and disease found in infancy and childhood, and which the nurse is called upon often to manage. This volume is written from the standpoint of the nurse, and the author has emphasized just those points that nurses most need to know. The various diseases of the respiratory and of the digestive tract; of the circulatory system, of the nervous system, of the urinary tract, as well as of diseases of the eye, ear, skin and glandular system, together with infectious fevers, typhoid fever, tuberculosis, contagious diseases, constitutional and nutritional diseases are each described in a short but concise manner, enabling at once the nurse to know what symptoms to expect and what complications to guard against in each disease. Separate chapters are given also to peculiarities of children's diseases, nursing in childhood, infant feeding and artificial feeding. A brief chapter on therapeutics gives the limitation of drug giving in childhood, as well as the action characteristic to those drugs most commonly used. This chapter contains also treatment in emergencies, as well measures employed to reduce temperature, for counterirritation, for baths, etc. Chapter XX. condenses weights and measures and abbreviations, and Chapter XXI. gives a brief but complete medical terminology and glossary. The index is complete and satisfactory.

There are 116 illustrations distributed throughout the text, each making clear some particular part of the work. Many of these figures are colored. The volume is well bound in dark green cloth and of a convenient size to handle. This book presents in a most practical manner, the subject suggested by its title, and will, we believe, win great favor as a ready book of reference and instruction for nurses.

A Manual of the Practice of Medicine, by A. A. Stevens, A. M., M. D., professor of therapeutics and clinical medicine in the Woman's Medical College of Pennsylvania. Eighth edition, revised. 12mo, of 558 pages, illustrated. Flexible leather, \$2.50 (net). For sale by the Lakeside Publishing Company.

The author is very happy in the expression with which he opens the preface of the first edition. He quotes from Pope to the effect that

"Half our knowledge we must snatch, not take,"

and continues: "If this be true of general knowledge, it is certainly true of the knowledge of medicine as it is taught in the schools of to-day. In view of this fact, there seems to be a real need for books which present their subjects in an assimilable form."

It is a coincidence that it was in our January, 1907, number that we reviewed the seventh edition of this work, and the fact that an eighth edition was necessary within a year is sufficient testimony to the value of the work.

As to the work itself, we cannot do better than to practically repeat what we said in reviewing the seventh edition. This work is prepared for students with an idea of giving the most essential facts in the most condensed space possible. The author has achieved the happy faculty of saying what he has to say in the small space at his disposal, as if it were all the space he needed and more would be superfluous. The book can be safely recommended to all students of medicine.

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"Antikamnia & Codeine Tablets" in Grippal Conditions

A Text-Book of Physiology, by Isaac Ott, A. M., M. D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second revised edition. Illustrated with 393 half-tone engravings, many in colors. Royal octavo, 815 pages. Bound in extra cloth. Price, \$3.50, net. For sale by Lakeside Publishing Company.

This book, just out, is the latest work on physiology. It is a thoroughly modern elementary, and at the same time comprehensive manual of physiology. As the first edition of this work placed it immediately in the first rank of well-known text-books on physiology, it would be a work of supererogation to do more than mention in what the second edition is an improvement upon the first.

More than 250 engravings have been added; several are full-page plates, and a large number in colors. The number of pages has been increased from 560 to 815. The whole work has been most carefully revised by the author and every chapter brought up to date. This necessitated that many of them should be much extended, as has been done in the case of Electro-Physiology and the Sympathetic Nervous System.

To mention every improvement would be to give an extended and careful review of the work, for which, unfortunately, we have not the space. But we can sum up by saying that we believe this work will be found the fullest presentation of the latest facts in the science of physiology.

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We have received and beg to acknowledge the following books, which we regret lack of time prevents us from reviewing in this issue:

Bacteriology in a Nutshell, a Primer for Junior Nurses, by Miss Mary E. Reid, graduate nurse, late superintendent Thomas's Hospital Training School for Nurses, Charleston, W. Va., and late superintendent of nurses, Charleston General Hospital, Charleston, W. Va., 1905-1907. Revised and enlarged. Price, 55 cents.

The Good Neighbor in the Modern City, by Miss Mary E. Richmond, author of "Friendly Visiting Among the Poor," general secretary of the Philadelphia Society for Organizing Charity. Price, 60 cents. A book for visiting nurses.

A Manual of Medical Jurisprudence, Insanity and Toxicology, by Henry C. Chapman, M. D., professor of institutes of medicine and medical jurisprudence in the Jefferson Medical College of Philadelphia, etc., etc. Third edition, thoroughly revised, with sixty-four illustrations and four plates in colors. Price, \$1.75.

#### Honors for Florence Nightingale.

The insignia of the Order of Merit was, by command of His Majesty King Edward VII., conveyed recently to Miss Florence Nightingale at her residence, by Colonel Sir Douglas Dawson, the registrar and secretary of the Central Chancery of the Orders of Knighthood. A message of thanks was sent to the King. "Miss Nightingale is deeply touched by His Majesty's gracious thought in giving her the Order of Merit, and by the great honor done her in associating her name with those of the

distinguished men who have already received it."

During his stay in London the German Emperor paid a very graceful compliment to Miss Nightingale. He purchased a bouquet and sent it to her, accompanied by a letter expressing his esteem for her great services to humanity. In directly doing honor to the pioneer of trained nursing, the German Emperor has indirectly done honor to the nursing profession.—Nursing Mirror, London.





# The Hospital Review

## Christmas at Iowa's State Hospitals.

Christmas exercises were held at all of the State hospitals of Iowa and excellent dinners served to the patients. Presents from relatives were delivered through the medium of Christmas trees or by other methods of arrange-Several had very interesting programmes. The following exercises were held:

MT. PLEASANT HOSPITAL.

Wednesday evening, December 25, distribution of gifts. Part I-Concert by the hospital orchestra. Part 2-A visit by the patients to the following booths, which were prettily decorated, and from which a treat was given to every patient: Candy booth, nut booth, lemonade booth, apple booth, orange booth, pop-corn booth and sandwich booth. Part 3-A visit to Dr. Emrich's world renowned side show, which afforded much amusement both to patients and employees.

CHEROKEE HOSPITAL PROGRAMME.

Friday, December 20-Patients' ball. cember 23—Entertainment given by patients. December 25, 2.30 P. M.-Music on wars by hospital orchestra; distribution of gifts. December 26-Masque ball. December 27-Orchestra concert. December 30-Patients' social. December 31-Employees' ball. January 2-Stereopticon entertainment. January 3-Patients' ball.

At Independence and Clarinda hospitals the dining rooms were trimmed with Christmas greens and bountiful dinners were served to all. The entertainment was on a similar scale as the others given above.

#### Iowa Soldiers Home Opens New Addition.

The \$30,000 addition erected the summer at the Iowa Soldiers' Home Hospital, Marshalltown, Iowa, has lately been opened for the reception of patients. The new addition affords much needed room and is finely finished in oak and very neatly furnished. It is built of red pressed brick, has two stories and basement, contains four wards, sixteen private rooms, two sitting rooms, two sets of baths and toilet rooms, two suits of

three rooms each, for the use of the assistant surgeon and superintendent of nurses. It is finely ventilated, heated and lighted, and upto-date in all particulars. The institution is now the finest of all the hospitals proper belonging to Iowa's State institutions. The whole building now contains fourteen wards, twenty private rooms, six day rooms, public reception room, five sets of baths and lavatories. fine operating room, with X-ray and anesthetic rooms in connection, and a well supplied general dispensary that furnishes medical supplies for the full nine hundred inmates of the Home, commodious trunk and clothes rooms. hospital supply and drug rooms, store rooms and cold storage and two morgues occupy different sections of the large floor space belonging to the basement of the building.

The hospital is very ably manned by Hamilton P. Duffield, chief surgeon: William Neuzel, assistant surgeon; Miss Carolyn Paulson, superintendent of nurses: Miss Esther Cody. head nurse; Mrs. M. A. Shaffner, dietary superintendent, and Carl Shaffner, steward.

Besides the hospital addition, a new \$4,000 wing, lately added to the "Nurses Cottage," is now finished and occupied by the nurses of the hospital training school. This, with the old part, contains twenty-four rooms, three parlors, suits of three rooms for the assistant superintendent, two sets of baths and toilet rooms and is very nicely finished and prettily furnished

## New Hospital for Nervous Diseases.

The new hospital for nervous diseases on Blackwell's Island is the first institution for the study of neurological maladies exclusively that has been opened in this country. The hospital was established by a number of well known medical men working in conjunction with Robert W. Hebbard, Commissioner of Public Charities, and is modelled on the lines of the Salpetiere Hospital, in Paris.

In general it is planned to have transferred to the new institution all cases of brain disease, such as apoplexy, tumors and acute and निस्तिक्षिक्षित्राक्षिक्षित्राक्षिक्षिक्षिक्षिक्षिक्षिक्षिक्षि

## **BLOOD GENESIS**

HE formation of a rich nutrient circulating fluid. Blood which shall contain an abundance of red corpuscles of the necessary structural and physico-chemical integrity.

How to "build" such blood is an ever-present therapeutic problem for the physician to solve.

# Pepto-Mangan ("Gude")

is a powerful blood-forming agent; it induces the generation of haemoglobin, the oxygen carrying constituent of the blood; it is a genuine haemoglobinogenetic. It feeds the red corpuscles with organic Iron and Manganese which are quickly and completely absorbed in cases of

Anæmia from any cause, Chlorosis, Amenorrhæa, Chorea, Bright's Disease, etc.

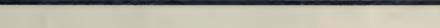
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NEW YORKS



## **Lactated Infant Food**

is the only food in the world which provides precisely the correct amount of proper ingredients as indicated by healthy mother's milk. The quantity taken by the baby is exactly that which it would require of human milk. The constituents are so skilfully compounded and in such perfect proportion that the most delicate baby can assimilate it readily. Lactated Infant Food babies are always healthy, happy infants. Thousands of physicians' little ones are Lactated Food babies.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses WELLS & RICHARDSON CO. BURLINGTON, VT.

chronic injuries of the brain; spinal diseases, such as chronic diseases of the spinal cord, spinal tumors and spinal paralysis, and all cases of peripheral neuritis, including alcoholic neuritis and peripheral nerve injuries. The specific diseases included in the foregoing category comprise locomotor ataxia, ataxic paraplegia, spastic paraplegia, tumors of the spinal cord, multiple sclerosis, meningitis, cranial nerve paralysis, injuries to the brain, abscess of the brain, tumor of the brain, hemiplegia, cerebral paralysis of children, poliomyelitis, progressive muscular atrophies, neuritis, alcoholic multiple neuritis, epilepsy, hydrocephalus, myxedema, exophthalmic goitre, scleroderma, chorea (St. Vitus' dance) paralysis agitans, hysteria and neuralgia.

Dr. L. Pierce Clark is president and Dr. E. L. Hunt secretary of the Medical Board of the new hospital, which includes Drs. Francis A. Scratchley, Pearce Bailey, Smith Ely Jelliffe, Joseph Fraenkel, William B. Pritchard, J. Ramsay Hunt, Graeme Hammond and William Leszynsky. A consulting board, consisting of Drs. C. L. Dana, E. D. Fisher, George W. Jacoby, B. Sachs, Joseph Collins, Frederick Peterson and M. Allen Starr, has been appointed. There are now accommodations for two hundred and fifty cases in the hospital.

## Addition to Faxton Hospital.

The Vedder Memorial Building, the new addition to Faxton Hospital, Utica, N. Y., has been completed. On the first floor is a pathological department, which was furnished by the president, Mrs. Edwin Thorn. Quite a number of the rooms were furnished by people interested in the hospital as a memorial to friends. One of these is a memorial to Mrs. Harriet B. Storrs, who for nineteen years was president of the board. Another is a memorial to Mrs. John A. Roberts. One of the end rooms was furnished by Mrs. H. A. Fitch, and is a memorial to John Sim Blaikie and William Blaikie, Jr. Another end room on the same floor is called "The Outlook," and was furnished by Mrs. John G. Brown, who was also for many years connected with the hospital when it contained the home department. The high point of land on which the hospital is located gives it a fine view of the country for miles around, and from no point is it better than from these two rooms. One room is called the Sherman room and was furnished by Sanford F. Sherman. The end rooms on another floor are memorials respectively to Delos M. Johnson and to Mrs. Georgiana P. Adams. The latter was furnished by Mrs. Edwin Thorn as a memorial to her sister. The children's room was furnished by Mrs. Richard W. Bacot, and is a memorial to Helen Wainwright. It is the children's room and the furnishing is most dainty and appropriate. Another room is furnished by Miss Powell. In the nurses' quarters on the fourth floor there is a writing desk and writing materials, the gift of Mrs. Robert S. Williams to the Alumnæ Association.

## Toledo State Hospital.

The twenty-fourth annual report of the Toledo State Hospital filed with Governor Harris shows that large appropriations will be needed for that institution at the hands of the Legislature this winter. The principal items asked for are the following: For reconstruction of hospital No. 8, \$10,000; industrial building, \$12,000; general repairing, \$15,000; heating plant, \$12,000; coal handling apparatus, \$6,500; farm and dairy equipment, \$34,000; ordinary repairs, \$24,000; carpet and furniture, \$2,500; greenhouse, \$3,000; additional for attendants' salaries, \$5,000, and for officials' salaries an increase of \$12,000.

The per capita cost is shown to be \$147.84, but this does not include as it should the ordinary repairs cost for the year. The population increased fifty over the preceding year and was 1,853. The trustees point to the fact that the farm and gardens of the institution produced \$18,635.47. The whole number of different persons under treatment in the hospital during the year was 2,252, and the percentage of recoveries based on admissions was 22.31.

### Nurses Wanted.

The Charlotte (N. C.) Sanitorium, which is to open in April, will want thirty-five nurses and a superintendent of nurses. The superintendent will be decided on about March 1. Undergraduate nurses, who have had training in other hospitals, and can show certificates for same will be given credit according to their certificates. All applications for nurses should be addressed to Dr. E. C. Register, Charlotte, N. C.

# Antithermoline

A Superior Surgical Dressing

Made from the best quality of imported Welsh Kaolin



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

FREE to Nurses—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

G. W. CARNRICK CO. 42 Sullivan Street :: :: New York City

## In the Aursing World—Continued

## Cambridge School of Nursing Closes.

At the meeting of the trustees of the Cambridge School of Nursing, at 1000 Massachusetts avenue, Cambridge, it was decided that the school be closed. The following report was presented by the executive committee:

"It is with extreme regret that the executive committee states to the trustees that at its last meeting, October 1, it was voted 'that as there has been no satisfactory response to the opportunities offered by the Cambridge School of Nursing, it is deemed advisable to close the school.'"

Some of the considerations which have led to the decision are as follows: In January, 1905, when the plans for the school were being made by a group of enthusiastic supporters of the method of training nurses carried out by Dr. Worcester in his school at Waltham. the demand for training was so great that the Waltham school was refusing applicants for admission, while the training school connected with the Massachusetts General Hospital was charging each nurse who entered the school \$50. This demand for thorough, systematic training by young women seemed so encouraging that the founders of the school were led to expect an immediate response to the opportunities offered.

Advertising was begun. The house, 1000 Massachusetts avenue, affording every possible convenience for the work, was ready for use at the opening of the school, October, 1905. The charge for tuition was \$150 for the first year, and \$75 for each of the three succeeding years, charges which in no way paid the expense of the instruction of the student nurses. The first year began with eight students. Seven of these eight went to the hospital for their second year of training.

Three now remain in the school. In October, 1906, the school opened with six pupils. Four of those six have now begun their second year at the hospital. This year the school had but seven applicants, one of whom asked to begin the work with the understanding that she take only the training of the first six months. Of these twenty-one students, only thirteen agreed to pay the fees at the required

intervals. To the others concessions were made, allowing pupils to delay payment or render special service instead of paying money.

At the July meeting of 1907, according to the advice of the executive committee, the length of the course was reduced to three years and six months, and the price of tuition to \$250, as all felt that the charges, though in no ing all efforts in the support of one school at Waltham than by trying to support two schools, one at Waltham and one Cambridge; yet the members at the committee, especially the physicians, feel that Cambridge is suffering a great loss. The continuance of the school, with a satisfactory number of student nurses, would furnish to the Cambridge Hospital, to the District Nursing Association, and finally to the community at large a deeply needed, properly trained force of nurses.

The trustees wish it to be distinctly understood that the closing of the Cambridge School of Nursing in no way affects the organization of the Cambridge Visiting Nursing Association, which is wholly distinct. In accordance with recommendation of the executive committee, it was voted to take steps to close the school immediately.

-The News Letter, Waltham, Mass.

## Arlington Grave for Nurse.

Mrs. Sarah S. Sampson, who was buried December 24 in that section of Arlington reserved for army nurses, was one of the best loved of the many women who did noble work in ministering to sick and wounded soldiers during the civil war. Mrs. Sampson died at her home, 1622 Fifteenth street. She was the widow of Col. Charle's Sampson, of Bath, Me., and had been employed for many years in the Pension Bureau. She is survived by two daughters, Mrs. W. M. Hatch and Miss Beatrice Sampson, and a sister, Miss Mary C. Smith.

Mrs. Sampson was the founder of the Home for Soldiers' and Sailors' Orphans at Bath, and gave her constant thought and care for the surviving soldiers of the civil war and their widows and orphans.

# The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN @ HANBURYS CO., Limited NIAGARA FALLS, N. Y.

## A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

## Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

# New Remedies and Appliances

### The Demand Grows.

No. 84 State street, Chicago. The Triton Company, Saratoga, N. Y.:

Gentlemen—Dr. R. H. Babcock desires us to carry in stock the Triton Bath Salts for the convenience of his local patients. \* \* \* Ship us twelve dozen by express quick. Yours truly, Economical Drug Company.

## Burns of Infants.

I have had excellent results from Unguentine, especially on a baby whose ear was burned at the back part of the lobe. I had tried almost everything, but to no purpose, yet Unguentine seemed to help it at once, soothing the pain so that the child slept almost immediately, something that it had not done for several days. T. E. KIRBY, M. D. Upton, Mass.

## Evans's Antiseptic Pastilles.

Ethel Van Buren, of Van Buren and Seymour, writes:

Montreal, March 25, 1901.

I take great pleasure in praising your Antiseptic Throat Pastiles to all singers who suffer from irritation of the throat. They have proved a veritable boon to me; in fact, I have termed them my "life savers," and I therefore feel it my duty to recommend them to my friends in the profession.

## Passiflora.

Every physician requires almost daily a reliable calmative to replace the many injurious narcotics and antispasmodics now in general use—something that possesses a pronounced specific action as a nerve sedative and hypnotic and that will induce tranquillity and equilibrium of the nervous system. They have found in Daniel's Conct. Tinct. Passiflora Incarnata the properties that contribute to this result and removes conditions resulting from impaired nerve function. The opiates, bromides and several so-called calmatives insure sleep, but leave the patient with nerves strained and exhausted, while Passiflora gives rest without reaction.

### Use "Cresco" Food Products.

We appeal with the utmost confidence to the medical and dental professions, a very large number of whom are our staunch and pronounced friends through the remarkably favorable results that have followed the use of our products in their practice.

It is now conceded by the best authorities in America and Europe that a rather liberal diet, with a certain amount of carbo-hydrates (starch and sugar) judiciously prepared, is essential to the successful treatment of dyspepsia and diabetes.—Farwell & Rhines, Watertown, N. Y.

## Some More Opinions.

Tofield, Alta, Canada, April 19, 1907. Ogden & Shimer, Middletown, N. Y.:

Dear Sirs—I am simply delighted with the dear little jar of Mystic Cream. I had a very bad case of chapped hands in myself. Please find enclosed 25 cents for a large jar.

Respectfully, Mrs. —

The Hinsdale Sanitarium, Hinsdale, Ill. Gentlemen—Received the sample of Mystic Cream and am so pleased with it that I send stamps for large jar. Send to same address.

Mrs. — —

(Names furnished on application.)

## Proper Medication and Cheerful Company.

During the past two months we have met with more la grippe than anything else. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia and salol tablets-two every three hours in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from an antikamnia and codeine tablet every three hours. Throughout the attack and after its intensity is over the patient will require nerve and vascular tonics and reconstructives for some time. Cheerful company, change of scene and pleasant occupation are actually necessary in curing the patient.

## The Dangers of Cow's Milk

THE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestlé's Food is cow's milk; so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlés Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

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Swedish Movements, Medical and Orthopaedic Gymnastics Term: 3 Months . . . . . Tuition Fee, \$60.00

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No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL (Pennsylvania Orthopædic EDITH W. KNIGHT Institute).

HELEN T. WALKER (St. Francis Xavier's Infirmary, Charleston, S. C., Penna. Orthop. Inst.).

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### Composition.

In Horlick's Malted Milk the food value of pure cow's milk is made available with the nourishment of choice malted grain in a permanent powder form. The final process of manufacture is carried out in vacuo at a low temperature, eliminating the moisture, and during which the casein of the milk is modified, so that it becomes soluble and very easily digested. This unique combination of the solids of milk with the phosphates, the carbohydrates and other nutritive principles of the cereals make a complete food of very wide application, possessing many advantages in cases where milk is indicated as the chief diet.

## In "Merrie" England.

Hitchin.

Messrs. Benger's Food, Ltd.:

Gentlemen—I see in the Daily Mail and The Mirror to-day the correspondence about bottle-fed babies, and it does not speak well of them.

God sends the food, the devil sends the cooks. My wife always sees to our baby's food. Here is a sample, about ten months old, brought up from birth on your food.

As strong as iron, as lively as a lark, and as intelligent as possible, always happy, never cries. Thought you might like to know.

Yours truly, F. Newton.

## Facts vs. Fancies.

You can prescribe bichloride, carbolic, permanganate, hydrastis, tannin, zinc or lead for leucorrhea or gonorrhea, if you want to, but you can't get any more positive results, effects, quicker but harmless, no matter what you use, than Tyree's Antiseptic Powder will give you. It comes as near absolute perfection as material and skill can make it. Nothing can be put into a preparation for inflammation of the vagina and cervix to make it more desirable and satisfactory than is found in this one. You get the best antiseptic astringent and detergent known, all in one so modified by proportion and treatment that their individual objections have been eliminated. The bland, gentle and quick effect of this powder is due in part to the selection of chemical agents as near non-corrosive in their natures as possible. A trial package will be mailed free of charge to physicians and nurses. J. S. Tyree, Chemist, Washington, D. C.

#### Anaemia.

The consensus of modern scientific opinion is that anaemia is but a phase of malnutrition. Blood poverty is merely incidental-iron can never fulfil all the requirements for treatment. Moreover, there is more than sufficient iron in an ordinary daily diet to overcome the worst form of anaemia known-if it could be assimilated. Promote assimiliation of food, and not only the blood poverty, but malnutrition in general will be overcome. This is the rational and scientific reason for the universally acknowledged value of Gray's Glycerine Tonic Comp. in all forms of anaemia. Comparative clinical tests have proven-time and time again-that Gray's Glycerine Tonic Comp. will cure many of the most rebellious cases.

## Chronic Rhinitis.

Chronic rhinitis is an inflammation of the nasal mucosa, resulting usually from oft-repeated occurrences of the acute disease. The mucous membrane is thickened, and interstitial infiltration with more or less complete nasal stenosis results. The treatment is general and local. Regulation of the primae viae and the upbuilding of the general system are especially indicated. Locally the nasal passages require the cleansing and purgative effect of alkaline douches. For these purposes Glyco-Thymoline stands first in the list of remedies. It should be used as a douche in the proportion of one part to three of water, three or four times a day.-American Journal of Dermatology.-ED.

## Importance of Manganese.

A point which is frequently lost sight of in considering the treatment of anemia is the importance of manganese as a constituent of normal blood, and as an element ranking only next to iron in its power of building blood corpuscles and increasing the life-bearing hemoglobin of these cells.

But perhaps the most important fact in connection with manganese is that once having entered the red cell it attracts iron to the coloring matter of the blood.

The preparation known as Pepto-Mangan (Gude) is made on scientific principles. It contains a combination of iron and manganese calculated to secure the highest possible blood-building efficiency without in the least interfering with the digestive functions.



# CORN FLAKES The package of the genuine bears this signature



#### Clinical Investigation.

In an interesting paper read before the Kansas State Physio-Medical Society at the annual meeting of the Physicians and Surgeons' Society of the State of Kansas, Dr. I. E. Du Vall, of Kansas City, Kan., among other facts, stated: "It is not uncommon for one to learn of another valuable therapeutic agent, through the reports as published in our medical journals, showing the results in certain clinical investigations with some particular remedy unknown to us. In this way was my attention directed toward Ergoapiol (Smith), and following the lines advocated (reporting any new and successful treatment to fellow practitioners), I wish to report my experience with this remedy, calling special attention to the results recorded in a few of the many cases in which I have used it with very gratifying results."

#### To Keep Hair from Falling Out.

A visit to a well-known physician and another to a famous hairdresser, each of whom was asked this question, "What shall be used for washing the hair when there is an inclination on its part to fall out?" resulted in the same answer from each: "Use Packer's Tar Soap for washing the hair." It was said to strengthen the hair, to keep it from falling out and to be cleansing.—Isabel A. Mallon, Ladies' Home Journal.

We prefer Packer's Tar Soap to all other kinds for shampooing and the care of the hair, for the reason that its composition of sweet oils, pine tar and glycerine exerts a favorable influence on the nutritive processes of the scalp, and in unhealthy conditions stimulates the follicles to return to normal activity.—

American Journal of Dermatology.

#### Did Not Believe at First.

Troy, N. Y., Nov. 5, 1906.
The Anasarcin Chemical Company, Winchester, Tenn.:

I received sample box of your Anasarcin Tablets and used them in my own family in a case of valvular disease and renal stenosis. Such a pronounced localized edema of face on rising, and fingers; seldom in extremities or abdomen. Had used the usual remedies with no noticeable effect. Began with Anasarcin Tablets one hour before meals and on retiring. The result was most satisfactory, for on

second day face and hands were normal and a better general condition of health has followed the continued use.

I at first thought your literature rather strong, but now believe you are justified in Il you claim. Very truly,

E. J. Fisk, M. D.

#### +

#### A Graceful Testimonial Unsolicited.

I feel that it would be an injustice were I not to write and tell you of the wonderful benefits I have derived from the use of Resinol Soap and Salve. I had been troubled for five or six years with a very disagreeable scalp disease, which caused me to try numerous dandruff cures, and all availed me nothing, so I finally tried Resinol Soap and Salve by shampooing my scalp, then rubbing the salve well into the scalp once a week. I did not use it longer than six or eight weeks, and now, for over five months, my scalp has been as clean as it ever was. I continue to use the soap as a shampoo every two weeks. This testimonial is unsolicited, and I give it simply because I feel it my duty.

CHARLES F. DWIGHT, D. D. S.

Marcus, Iowa.

#### Post-Graduate Courses in Massage.

The Winter courses at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the Swedish system of massage, gymnastics, electro and hydro therapy opened on January 21, 1908.

Large clinical material, a great variety of different diseases, a most modern and complete equipment, with extra practice at several of the largest hospital dispensaries are advantages you find at the above institution. Thorough course in anatomy and physiology. Theoretical lectures by the staff physicians and upon invitation. Six thousand nine hundred and seventy-four mechanical treatments were given in the first eleven months of 1907, which guarantees the student ample clinical experience.

In the last few years we have placed over two hundred of our graduates into well-paying positions in hospitals and sanitariums, either to take charge of the mechanical departments or as instructors to the nurses in training.

MAX J. WALTER, 1711 Green street, Philadelphia, Pa.

#### PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES

School of MASSAGE AND ELECTRICITY

The Original Place and The Original Method

Four months' course of instruction in Massage, Swedish Movements and Electricity

Fee \$75 for Massage and \$25 for Electricity. Board not included Payment in advance

Lectures Given Weekly by Members of the Medical Staff of the Hospital

Practice daily under constant supervision Certificate Given

Classes are formed in October and January. Pupils have access to the Wards of the Hospital and the numerous cases referred from the clinics

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# TRITON Beffer VESCENT Bath Salts

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

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Successful
Treatment
of
Coughs

The successful treatment of coughs always depends upon the extent to which general as well as local vitality can be raised. This is why

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accomplishes results in relieving and controlling respiratory diseases that are seldom observed with any other remedy. It imparts tone to weakened tissues, promotes nutrition and increases vital resistance.

A powerful tonic, a reliable reconstructive and a dependable respiratory stimulant.

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# The Trained Aurse and Hospital Review

VOL. XL.

NEW YORK, MARCH, 1908.

NO. 3

# "Is the Three Years' Course in Training Schools for Aurses Annecessarily Long?"\*

HUGH CABOT, M.D., BOSTON, MASS.

A MONG those interested in the training of nurses there is probably no subject which is discussed more frequently, with more interest and with less unanimity of opinion than the length of the curriculum. This is in part due to a natural difference of opinion, but in part also to a radically different view-point. In a word, it makes a difference who is discussing the question.

At the outset of any discussion of the subject it seems wise to consider for a moment what classes of people are entitled to opinions worthy of consideration, and what relative value these opinions should have. I have been struck by the fact that the majority of published opinions are those of superintendents of nurses, or at least those professionally interested in the teaching of nursing. Deeply as we must respect their opinions, it may fairly be doubted whether they are in as sound a position to judge of their finished product as those who have a less personal interest. Until very recent times it would have passed without discussion that the medical profession was in the soundest position to judge of the qualifications of the trained nurse,

and even to-day I suspect that it is likely to prove the last tribunal. The general public is certainly interested but is swayed by so many reasons other than those of real technical efficiency in judging of a nurse's qualifications that I am by no means prepared to accept its judgment as universally sound. The great body of undergraduate nurses is, I believe, a thoroughly safe tribunal, but it has never as yet been possible to obtain its unbiased opinion. The alumnae societies and State associations have in a great majority of cases voiced the sentiment not of the large body of nurses, but of a small number of executive officers, a large proportion of whom are superintendents of nurses, superintendents of hospitals or at least not practicing nurses. I believe therefore that in the discussion of the results now obtained in training nurses the opinion of the medical man who actually sees the nurses at work is the soundest basis on which to form an opinion of the final result.

One other point should be cleared up before entering upon a detailed discussion. What are we to understand as the ordinarily accepted meaning of the words

<sup>\*</sup>Presented at the meeting of the New England Association for the Education of Nurses, and contributed to The Trained Nurse.

"trained nurse"? For the purpose of this discussion I shall hold the term to mean a nurse qualified to take care of patients as seen by the practitioner in private practice. This restriction seems a fair one because it is the meaning ordinarily understood and generally accepted by the mass of doctors, nurses and the general public. I do not believe that it is ordinarily intended to cover women trained for administrative positions, for inspectors of schools, of boards of health, or for women who devote their lives to being assistants to surgeons or specialists or office nurses. Clearly such women will need special training and special qualifications, and is seems wholly unreasonable that the standard of training for nurses in general should be fixed with the view to preparing these specially qualified persons.

In discussing the length of the curriculum the battle has generally been waged over the two years' course versus the three years' course. Why this particular combination of months has been selected I am unable to discover, and the questions seem to me to be, not whether three years is better than two years, but whether the three years' course is unnecessarily long or unduly severe for preparing nurses for ordinary practice. I do not, therefore, propose to present a brief in favor of either course, but rather to discuss the soundness of the present three years' course requirement, and inquire whether it is in all respects satisfactory.

Last March a thoroughly representative association of superintendents from New England, known as the Linda Richards Club, prepared a statement strongly favoring the three years' course. After some investigation, no more clear, terse and decided expression has come to my hand, and it seems to me fairly to represent the accepted doctrine of the advo-

cates of the three years' course. I propose, therefore, to take up these resolutions one by one before venturing to express any personal opinion.

They say:

r. "The public has been educated to expect more from the nurse than it did ten years ago. We should be able to supply women qualified to meet the required standard, whether in the home, the school, the settlement or elsewhere. She is now recognized as an educational and economic factor in the community of great value; therefore, sufficient time should be allowed for proper preparation."

We have even higher authority for this same view in an address by the president of the American Society of Superintendents of Training Schools for Nurses. Miss Banfield says: "There are many other branches of social service also open to women, in which hospital training is almost invaluable—health board inspection, factory and bakeshop inspection, charity organization work, nurses' settlements, are a few of the many avenues of work in which a nurse's training is exceedingly valuable, and in some cases an absolute requisite. This leaves out of account the many executive positions in hospitals and other institutions, which we all of us find it so hard to secure competent women to fill. And yet, in the face of all this, we have the superficial and thoughtless cry that nurses are being 'taught too much,' and while some say there are too many of them, others say there are not enough. And to remedy all evils a return to two years' training, less well taught nurses and a lower standard is thrust upon us as a panacea."

Here at the outset we meet with the expressed opinion, that the Hospital is not intended to train nurses in the ordinary sense of the word. They state with

every appearance of sincerity that the public expects more than it did ten years ago. I confess that this has by no means been mv experience, and I am encouraged to find it is not the opinion of others. An editorial in a contemporary journal expresses dissent as follows: "Are there not any number of graduates of ten years back who are just as much in demand and give just as much satisfaction to the public as the more recent graduates? Does the average patient care whether the nurse he has employed is competent to serve on boards of health, fill an executive position, write for a magazine, or talk child labor or woman's suffrage at a nurses' convention? We believe not."

It has certainly been my own experience that the nurses trained ten years ago are fully up to modern requirements, and I have sometimes been tempted to think that they had more useful knowledge and less useless information than their more elaborately trained sisters. In any case, it seems to me that training schools for nurses should no longer be spoken of as such, if it is their avowed purpose to train women for very much broader fields. If they no longer devote their time to training of nurses this fact should be clearly stated in the prospectus, and those hospitals which do confine themselves to training women for the care of the sick should not be criticized because they do not go beyond their avowed purpose.

2. "The medical profession in its wonderful strides forward has become accustomed to receive skillful assistance and intelligent co-operation from the nurse. The three years' training makes it possible to give the highest grade of work and continued satisfaction."

With the view that the medical profession is dissatisfied with any other than the three years' training I cannot agree, and though I have made many inquiries I have been unable to find that this opinion is generally held. I cannot, therefore, accept without further proof the view that the medical profession favors the three years' course, and I doubt whether the superintendents of nurses are in a particularly sound position to judge the wants and desires of the medical profession in general.

3. "The advantage of the three years' course of training to the pupil is beyond doubt. In two years it is impossible to give equal and uniform experience in all the departments of a general hospital. She must be hurried from place to place, gaining cursory and superficial knowledge of each, and in the nervous strain occasioned by the too frequent changes becomes unequal for the class work demanded of her. It would be impossible in two years to give a pupil experience in administrative and executive work, now so satisfactorily introduced in the longer course. The special course provided by the system of affiliation between hospitals, for the express purpose of better preparation of nurses would no longer be possible. The hospitals frequently lose the services of its senior class for several months while they are sent at considerable expense to take these special courses."

If we admit the premises of this statement we must admit the conclusion, but I confess to some doubt as to the necessity of giving all a "uniform experience in all departments." It is by no means clear to me that she will require uniform experience, and it is abundantly clear that some branches in which she receives instruction might be omitted. For instance, I do not believe the medical profession seriously requires administrative or executive experience for the care

of private cases, and I incline to the opinion that such training is little short of time wasted. I have been to some trouble to learn the opinion of graduates in the three years' course as at present given in our large hospitals. Many of them told me that their third year was largely repetition, contained much drudgery and left them tired out. I am, therefore, skeptical as to the soundness of the statement "that the advantage is beyond doubt."

4. "To the nursing profession as a whole and individually a general return to the two years' course would seem a matter of injustice. The present demand upon the graduate nurse makes a broad general professional education imperative. If she is imperfectly prepared she finds herself restricted in usefulness and unable to take advantage of the increasing opportunities for work."

In a paper by Miss Alline a similar view is expressed as follows: "The general feeling of all superintendents, and in fact, all graduate nurses, is that the three years' course is necessary unless the student can come to the schools much better prepared than are the majority of those in training. More years in school attendance and better home training—otherwise a preparatory course is the only substitute for the approved term. This leaves a two years' course quite out of the question."

This is undeniable if the facts are correct, but these statements are based upon the presumption that the opinion of the large body of graduates is correctly stated. I find in a contemporary nursing journal the following somewhat pungent paragraph which bears upon the question:

"Perhaps the most widely discussed instance of the attempt of the minority

to overrule the majority is the question of the two or three years' course. On one hand we see nurses who are experienced in private duty in favor of the two years' general course which will serve as the foundation of their nursing education, after which they shall be at liberty to choose for themselves what special line of work they prefer. On the other hand, the institutional workers seem determined to force the three years' course on all nurses."

I have seen no good reason for believing that graduate nurses in general believe that a two years' course will not properly fit them for private nursing. It is probably true that it does not fit them for higher and more special occupations, but this matter of special training cannot, I think, be reasonably expected of training schools for nurses as such. If nurses desire special training for special work it should be obtained in a special course and by giving extra time.

5. "Acknowledging that under certain conditions and in certain schools the three years' course would be unwise, we feel that in the great majority of schools the three years' course is both possible and practicable. We are also willing to acknowledge that the best interests of the pupil nurse have been sacrificed in many instances, and that much extraneous matter has been brought into the curriculum; vet at the same time we believe that superintendents of training schools throughout the country are keenly alive to the situation and are bravely working, frequently against great difficulties, to bring about a fair, honest system of training."

The substance of this paragraph may be admitted without damage to our contention. It has no fact in particular bearing upon the length of course. 6. "It does not seem reasonable to ascribe the decrease in applications entirely to the lengthened course. From experience and observation we should not recommend a return to the two years' course as a remedy, but suggest shorter hours, better instruction, comfortable homes, good food, just treatment and establishment or non-establishment of an allowance, as the conditions would seem to indicate."

The paragraph reminds one of the setting up of a straw-man for the purpose of knocking him down. I do not think it has been claimed that the three years' course is the sole cause of the decrease in applicants. Certainly this has not been generally asserted. On the other hand, the resolution does not challenge the fact that this is a serious item in the account. All the other reasons which they suggest are, as far as we are aware, equally appropriate to the two years' course.

7. "The hospital benefits from the three years' course, owing to the higher class of work obtained from the continued presence of the staff of nurses. We believe that the advantages to the hospital are balanced by the advantages to the nurse, and the obligations of the hospital to the nurse are not greater than those of the nurse to the hospital."

I do not feel by any means competent to discuss the advantages or disadvantages of the length of course to the hospitals. This is rather the province of the hospital superintendent, and will receive careful consideration at his hands. Furthermore, I prefer to-night to discuss only the advantages to the nurse; to include the hospitals in the discussion would lead us too far afield. If, however, it should appear that the hospitals will suffer from a shorter course, it

must first be shown that they are now getting better service than they did ten years ago; a proposition which I seriously doubt.

Having thus roughly outlined my reasons for differing from this eminent body of superintendents, it is but proper to state somewhat more in detail my objections to their policy.

The three years' course has been on trial long enough to give data on which to study it. One of the most serious objections seems to me to be the length of time required. When the change was made it was hoped and expected that a reduction of hours would follow, but this reduction has not materialized, and at the present time practically a year has been added to the course and the pressure has not been reduced. I think it will be generally admitted by medical men of hospital experience that house officers do not stand more than two years of work without physical damage. Even the sixteen months appointment now given at the Massachusetts General Hospital leaves the men not infrequently worn out. I do not think it is safe to require three years at the present pace in training schools for nurses.

The champions of the three years' course ask for a reduction of the hours to eight. This is roughly speaking a reduction of one-third in the hours. If one year were taken from the course and the hours remain as at present, the reduction would likewise be one-third. In other words, the reduction to eight hours with the three years' course will give the nurses substantially the same amount of working time that they had under the old two years' course. Many nurses with whom I have talked feel that the present daily requirement is not excessive if the strain does not last more than two years,

and many of them would prefer the present twelve-hour day with the two years' course to the eight-hour day with a three years' course. They feel, and I think rightly, that the continuity of work free from interruptions is an advantage and the strain not too great.

Has the added year added to their stock knowledge by a third? I doubt it. The extra year has been filled with training in valuable but unessential branches, and with repetition which is unnecessary and amounts to drudgery. The special branches of operating-room work, assisting at operations, administrative experience and similar special courses are of value beyond doubt, but they are not necessary to the training of nurses for ordinary private practice. These courses might well be made elective and not a part of the required course.

It was the hope of the advocates of the three years' course that it would mean a reduction in the hours and an opportunity to teach in a more leisurely fashion and at lower pressure. This hope has not been realized, because it is nearly an economic impossibility for hospitals as at present organized. It would be improper in these times of increased expenses without corresponding increase of income, for trustees to add to their financial burdens. The decrease of hours by one-third means a large increase in the number of nurses at a cost to the hospital on an average of five hundred dollars each. The reduction in salary paid to the nurse which came with the change to the three years' course was so small as to give an insignificant amount of money to be used for the purpose of increasing the force of nurses.

The increase in the length of course and the decrease in salary, though small, have been important factors in decreasing the number of applications. The dilemma is, therefore, this: The superintendents of nurses, by constant and persistent pressure, succeeded in increasing the course to three years and trusted to chance to decrease the number of hours. This decrease has failed to materialize, because practically impossible. The result is a three years' course with as much pressure as the old two years' course, with resulting damage to nurses and without corresponding benefit. The cure of the condition lies either in a reduction of the hours or a return to the shorter course. There is nothing in the condition of hospital finance to suggest that a decrease of hours will be more possible A reduction in the than in the past. length of course, therefore, seems essential, and two of the large New York hospitals have already made it.

The present dearth of nurses which hospitals are experiencing can be considerably relieved in large institutions by giving elective courses to properly qualified graduates from other schools without pay. These courses will be much in demand by nurses from special hospitals or from hospitals in which the amount of material available for teaching is small. It should also be possible to offer elective courses during the third year to nurses graduated under the two years' course, and by allowing them special privileges compensate them for lack of salary. Nurses desiring special training should be offered special opportunities, and for these they will, I think, be willing to pay in time if not in money. In this way the advantages and splendid opportunities of the great institutions may be offered to more nurses without any increase in the whole number of those desiring a nurse's training, and in

this way the present failure of the supply to meet the demand will be relieved.

The present situation may be briefly summarized thus:

The three years' course has add d a year of great strain without corresponding advantage. The reduction to eith hours a day, which the superintendents of nurses are so strongly urging, is prac-

tically a return to the two years' course in another form, and will show no substantial advantage over the old arrangement. The present dearth of applicants may be relieved by the adoption of a more generous policy on the part of large hospitals by which the wealth of material in their control is offered to graduates of small institutions.

Discussion to Follow.



GRADUATING CLASS, ST. MARY'S HOSPITAL, PHILADELPHIA, PA.

## Comments on the Visiting Committee's Report

CHARLOTTE A. AIKENS.

THE New York City Visiting Committee of the State Charities Aid Association for the Department of Public Charities and for Bellevue and Allied Hospitals, has issued a letter to the Commissioner of Public Charities bearing on the best length of a general training for nurses. The whole report is interesting, even if there is little in it in the way of argument that has not found expression in nursing circles heretofore.

Any discussion as to the required length of a course of training for nurses at this time loses somewhat in force without some definition or explanation as to what a course consists of. The term "course of training" has come to mean many different things to different people. No mention is made in the report as to what the curriculum of this course of training is to be in these municipal hospitals. It is presumed, therefore, that the curriculum under consideration is that recommended by the New-York State Board of Education. We believe that to deal with any approach to thoroughness with the course outlined in that syllabus, at least from three and a half to four years would be necessary, considering that a pupil nurse is expected to do at least some bedside work. There is quite sufficient theory and laboratory work outlined in the syllabus to occupy the average nurse candidate two entire school years without doing a day's nursing. It would be exceedingly difficult for any one to convince an impartial observer who knew anything of the responsibilities and rush and strain of hospital life, that any school in three years was doing justice to that course; that its pupils were getting more than a smattering of a great deal of the matter prescribed, if the pupil nurses were doing even eight hours of practical work each day. It is a well known fact that most of them are doing a good deal more than eight hours nursing every day, however much one may regret it.

• If, as an increasing number of hospital people believe, the time has come to quit trying to give our nurses a modified medical course; to cut out a whole lot of lecturing on embryology, physiologic psychology, pathology, histology and other purely medical subjects that nurses do not need in order to give intelligent bedside care to the sick; if a rational course in nursing can be studied out and agreed on, it can be given in two to two and a half years. The New York State curriculum can not. So thus far we are in accord with the committee's recommendation to retain at least the three years' course if that syllabus is to be followed. To do justice to it four full years would be necessary.

Regarding the weight which should be given to the resolutions of the Nurses Associated Alumnae in favor of the three years' course it will be admitted that much depends on who is doing the weighing. There are wheels within wheels in nursing, as in other lines of work. Some of these wheels are not plainly visible and the committee is not to be blamed for not noticing them, but the wheels are there, pevertheless.

On the floor of the convention of the American Hospital Association in

Chicago last September, at its closing session, Mr. John Fehrenbatch, Superintendent of Cincinnati City Hospital. rose to speak in favor of retaining the three years' course. We quote his exact words from the official report and suggest that they be kept in mind when deciding on the weight that should be given the resolution referred to: "I am opposed to the reduction of the term in training in the interest of the trained nurse. If we reduce it to two years it will increase the output one-third, that is 33 per cent. That 33 per cent, means a reduction in the price of the nurse. I am in favor of the nurse getting good pay when she goes out, but if she has 33 per cent. more competition than she has now, how is that sort of legislation going to benefit the nurse?" This is a plain statement of facts that should convince the committee that there are possibly some other considerations besides educational ideals, and anxiety that the sick be cared for in the most efficient manner, which might have faintly influenced the resolution referred to. There is nothing wrong or unusual at all in having such ideals or in wanting to keep up the prices and reduce competition. It is exactly what is done in any business. The thing we object to is that this economic aspect should be apparently overlooked, and the impression given that this hastily considered resolution proposed on the deck of a steamer while en route to the Jamestown Exposition should weigh particularly in deciding such a question.

Under the heading "The Situation in New York City" the committee's report states that "Information has been secured as to the number of applicants, the number accepted as probationers, and the number accepted as pupil nurses for eight of the largest training schools of the city. These figures show that the number of applicants to these eight city training schools decreased in 1903 from the number in 1902; that the number then remained practically the same until a decrease occurred in 1906; that so far for 1907 there has been a decided increase pro rata over 1006 for the eight training schools for which the figures had been obtained, excepting with St. Luke's and the Presbyterian. which had, however, more applicants than any of the other schools." One is led at once to wonder, after reading this. why there should have been such embarrassment in New York hospitals as has existed this last year. These comparisons seem to show that present conditions are encouraging, but again we are at a disadvantage in considering these statements, because either our hospital terminology or our hospital conscience is in a sad state of confusion as regards the meaning of the word "application" as applied to hospital training schools. To illustrate: The president of the board of a new hospital stated to the superintendent, who had been engaged several months in advance of the opening to organize a training school: "We have already twenty-five applications for our training school." situation looked encouraging, but when the so-called "applications" came to be analyzed, it was found that they were letters from twenty-five young women asking for information about the school or saying they were considering entering some hospital for training. Blanks were, of course, sent to all of them and out of the twenty-five, four blanks were returned making formal and bonafide application.

The whole question of "application"

and what we really mean by it needs a very thorough thrashing over before any statistics on the subject will be very illuminating.

One of these training schools connected with the Department of Charities in New York stated in its report for 1905-issued in 1906-that "during the year there were 450 applicants, with very few exceptions all eligible. Fortyseven were admitted to the probationary course of training." The superintendent of this training school has not hesitated to admit a most serious embarrassing handicap for lack of nurses within the last year. Now will the committee or anybody please explain why in the name of common sense if that school had 450 bona fide applicants listed for admission to the training school and the great majority were eligible candidates, they did not admit more than forty-seven out of the whole number if they needed nurses? The four hundred and three who were not accepted had they been admitted in 1905 or 1906 would have made a corps of valuable nurses for 1907. Surely half of these 403 who were not admitted would have relieved the embarrassment and strain in that institution, and the other half might possibly have been persuaded to enter some other school under the Department of Charities rather than be totally rejected. Four hundred and three additional pupil nurses would have surely relieved somewhat the strain in the municipal hospitals in New York this past year.

The only explanation we can give for this apparently incongruous state of affairs is that the 450 eligible applicants were really only inquirers—possible candidates who were considering nursing as a vocation, and whose attention had

been directed to the school referred to. Now this explanation may not be correct, but it is the only rational explanation that we can give. Evidently the great majority of this little army of 450 decided not to enter. Why? The school has a splendid nurses' home and one of the best superintendents in the whole country. We don't know what class of food the nurses in that school get, nor how many hours' duty a day is required, but we do know the reputation of the school throughout the country is good. Why didn't these over four hundred eligible candidates who had communicated with the school materialize? Family and personal reasons may have prevented some. Others probably entered other schools. Some doubtless did not mean business. But after looking at that question as it concerns that hospital and a vast number of others with similar experience, the only conclusion we can come to is that the length of the term of training, the weight of the burden of theory imposed, the difficulty of the studies-the whole general conditions for entrance and graduation have been made so formidable that a great many practical young women of the twentieth century who have a bent toward nursing turn away dismayed at the idea of having to master the ponderous studies and do practical nursing for three years before they can be considered qualified to care for the sick.

The writer's own experience and the experience of others who have spent years in hospital work, who have changed from a two to a three years' course, is that the number of bona fide applicants as compared with the number of possible candidates who write asking for blanks and information is much less under the three-year scheme

than when the term was two years. We perhaps get as many or almost as many letters of inquiry as under the two-year rule, but we do not have anything like as many who are willing after they learn the conditions to enter for three years as when the course was two years. We get into communication with the individuals, we get requests for application blanks, but somehow we don't land the candidate as we once did. We don't have long waiting lists as we once did when the course was two years. The great mass of them are not heard from again. The nursing material is in the country, but we don't get it. We get but a small proportion of what we might get, if we studied the situation as a business man studes his field, and adjusted ourselves as the times demand. A great many of the ideals advanced are unquestionably good, but we have not reached the utopian stage of civilization when it is wise to attempt to carry all of them out.

With the conclusion in the letter, "That the shortening of the course of training will increase to some degree the number of applicants of a less desirable class: that the number of applicants of a more desirable class would only be increased slightly if at all, and this increase would be more than offset by the additional numbers required, because of the fact that the entire force would be changed within every two vears instead of every three years"with this conclusion we cannot but strongly differ. The inference is given that the pupils who decide to enter a school giving a two-year course would be, or are, of a less desirable character than those who enter for a three-year course. This inference we most strongly resent, just as we have resented in the

past any inference or statement that that the graduates of the smaller hospitals were less efficient in actual nursing practice than those from the larger hospitals. The state examinations, as far as theoretical and practical tests could be made, have shown that in neither theory nor practical work were the graduates of the smaller hospitals behind those of the larger. The very fact that the committee states further on in its report that "an optional six months or third year, if in any way considered as replacing a third year of regular training, would be objectionable for a variety of reasons, and probably very few, if any, nurses would take advantage of it"-this statement in itself shows that the committee believes that the vast majority of pupil nurses do not consider the third year valuable or necessary, and would not remain unless obliged to do so in order to secure a diploma. It is evident from this reasoning that practically all pupil nurses belong to this "less desirable class" who would like to get through in two years. We may safely infer from this that there is a vast number of nurse candidates outside the hospital who look at the matter in precisely the same way, and because there is no alternative in many schools but to spend the three years, they are lost to hospitals that otherwise would have their assistance during two vears.

With the committee's recommendations: "That the three years' course be retained in all training schools in the Department of Public Charities which at present have such a course with the following provisions: (a) That there be maintained in each school the full quota of nurses necessary to properly care for the patients, with due allowance to each

nurse of sufficient time free from ward work for study, recreation and vacations; (b) That wherever possible the facilities for the recreation and reasonable comfort of the nurses be improved. requests for special additional funds for this purpose to be made if required; that a full staff of instructors be maintained if necessary, so that too much work will not devolve upon the individual instructor; (c) That at all times such additional graduate nurses be employed as may be necessary to provide the full quota of nurses to carry out thoroughly the provisions of the above paragraph"-with these recommendations, or at least with the provisos, people in general will be in accord. But unfortunately these very desirable conditions cannot be brought about by passing resolutions. "Special additional funds" to increase the comfort of the nurses do not always come (outside of New York, at least) for the asking. "Additional graduate nurses" are not always secured, and retained by a unanimous "Aye" in a committee meeting even in New York. As a rule graduate nurses do not care to spend much time in routine ward work. They do it occasionally till something better is found, but they have proven exceedingly uncertain supports on which to depend.

Dr. Wilson, of the Health Department of New York City, stated at the Chicago convention: "I come from the Health Department which employs more nurses than any other department in the city of New York. We have no training school, and we have been confronted by our inability to get nurses to take care of our patients—I had six hundred pa-

tients last Spring, with about forty nurses. I am not the only doctor who has been confronted by the same thing. It was not a matter of pay, as we were willing to pay anything to get nurses." How much will the provisos affect a situation of that kind in New York or elsewhere at the present time?

It is a pretty safe rule to make a practice of standing still and making no change when in doubt. We are not ready for sweeping changes yet. need the changes badly, but we are not ready mentally to do the business satisfactorily. The committee's report disposes of the matter for the hospitals concerned in all probability for some time, but the root of the difficulty has yet to be How much do we need to reached. teach? When we can come to no agreement as to that it is hard to agree on how long we will need for the work. The last word will probably not be said for many years on the subject, but there is urgent need for hospitals, and all interested in the questions involved, which affect our hospitals at their most vital point, to continue the study of the training problem, to approach it with impartial, unprejudiced minds, regardless of whose fads or theories or schemes are in danger of being upset. There will doubtless have to be another committee meeting, and a good many of them, before the questions involved are satisfactorily settled. But we have before us the hope of evolving a rational system of training for nurses that will not impose useless and unnecessary butdens on pupils or hospitals—something surely worth working for.

## Parliamentary Law

Committees-How and Why Formed.

CORA WELLES TROW.

A LL committees are formed by the organizations requiring their service, and no one can belong to a committee who is not a member of the organization creating the committee.

Committees are of three kinds, Standing, Special, and Committees of the Whole. The Standing Committee is usually provided for by the constitution. It may, however, be created by the vote of the organization. The other two committees are always created by the vote of the organization, under the subsidary motion to commit.

It has been said by one of unquestioned authority, that "The committee is the eye, and ear, and hand, and very often the brain of the assembly. Freed from the very great inconvenience of numbers, it can study a question, obtain full information and put the proposed action into proper shape for final decision. The appointment of a committee also insures to the assembly the presence during the debate of members who have made some examination of the question, and tends to preserve the assembly from its greatest danger, that of being carried away by some plausible harangue which excites feeling, appeals to sentiment only, and obscures reason."

The work of the Standing Committee is defined by its name, it continues to serve during the session and terminates with the annual meeting, unless the constitution provides for a different term of existence.

A Special Committee is created to obtain information, take action, give

advice or confer with some other organization. A special committee should always be of an uneven number. Unless otherwise provided for, the quorum of a committee consists of a majority of the members. Committees must meet to act. The Chairman should call at least two meetings before a report is rendered. If a quorum is obtained at the first meeting and all necessary business transacted, a second meeting is not absolutely necessary, but the Chairman must make at least two attempts to obtain a quorum. If she fails, the report can be rendered with the statement that a quorum could not be obtained.

The motion which creates a committee should be so framed as to state the number of which it should be composed, method of its appointment and scope of its work. If appointed by the Chair, the first person named is usually the Chairman, but not necessarily so. The Chair may designate the chairman, or the committee may be allowed to choose its own chairman. If the appointment of the committee rests with the assembly, the chairman can be designated by the assembly. When a committee meets the only motions that may be passed are suggested recommendations bearing on the question under its consideration of the work which it has been previously decided by the assembly that it should be delegated to carry out.

The reports of all committees should be in the shape of a set of resolutions. As soon as the report is read, the committee ceases to exist, and if the report is adopted the assembly thereby agrees to carry out whatever it provides for or suggests.

If a committee is divided as to what should be the nature of its report, the minority may bring in a report differing in character from that adopted by the majority. The report of the majority must be received, the report of the minority being received by courtesy.

All committees created by deliberative bodies should confine their meetings to members only. If outsiders are invited for any special purpose, their attendance should be confined to such times as no business is being discussed. The proceedings of a committee are in all cases confidential and it is most dishonorable to repeat what is said or done in a committee meeting.

The Committee of the Whole is a form of procedure little understood by the average assembly. It is a most useful adjunct to informal discussion and one that is well understood by legislative bodies.

When a question is of such a nature as to require a very full and free discussion, the parliamentary rule which allows a member to speak to a question but once is often found irksome. Again it is sometimes felt that the discussion might be more untrammeled if the presiding officer were not in the Chair. A motion may then be introduced for the creation of a Committee of the Whole, and, if carried, the presiding officer at once relinquishes the meetings to a chairman whom she appoints. In a Committee of the Whole the members may speak as often as they can obtain the floor. No action can be taken, but, as is the rule in all committees, if the report given is adopted, the recommendations of the committee become the will of the assembly. The origin of the Committee of the Whole is as follows: When William and Mary were called from their home in Holland to rule over England, William evinced a great interest in the doings of the House of Parliament and constantly questioned the Speaker of the House as to the daily proceedings. Many of the members looked upon this as the unwarrantable curiosity of a foreigner and so it was decided that all discussions should take place under the semblance of a committee meeting. As nothing can be repeated which is heard in a committee, this obviated the difficulty.

In the House of Congress all bills are discussed in the Committee of the Whole before the final vote is taken.

A chairman of a committee cannot be invested with any other powers in virtue of this position. A chairman of a standing committee cannot be made a member of an executive board, although it is often very wise to choose the chairman of the standing committee from among the members of the executive board, no one can become a member of that board simply by being appointed or elected chairman of a committee.

A committee is the agent of the assembly that creates it and the assembly is responsible for the acts of the committee within the limits of the instructions given it by the assembly. Thus, if a committee is appointed with full powers to arrange for a reception, the assembly is responsible for all the expenses involved in the giving of the reception.

Again, if a committee reports that it recommends a certain course of action and said course of action should involve the expenditure of money, by the acceptation of the report of the committee the assembly makes itself liable for the expense involved.

Many organizations must from their nature carry out the work they undertake through the agencies of committees. When this method is adopted the scope and the work intrusted to each committee and the power with which it is endowed, should be clearly defined.

A departmental club differs most materially from one whose work is intrusted to committees, and organizations would do well to acquaint themselves with the status of these various forms of organization. Departments are not committees, nor are committees departments.

The power to create or appoint committees is one of the most elastic and far-reaching of all the powers wielded

by a deliberative assembly. When a matter is referred to a committee, nine times out of ten the report of the committee is accepted and their recommendations carried out. A little thought will convince any fair minded person that in committing a matter great discretion should be exercised, both as to the morale of the committee and the power with which it is invested.

The report of a committee should, if possible, be signed by all the members; in any case, the chairman must sign. The signature of the chairman is always placed at the bottom as a guarantee that the signers above are members of the committee. If it is thought best to have signers who are not members of the committee, they sign under the signature of the chairman.



A NATIVE FUNERAL, MANILA. See Reminiscences of an Army Nurse.

## Pensions for Army Nurses

ANITA NEWCOMB McGEE. (Concluded.)

H AVING already considered the general subject of pension laws for nurses who served under contract in the Spanish War, we now take up the question of "special" pension acts for the benefit of individual nurses. To obtain consideration in Congress for such a bill it must be proved that the nurse is now suffering from a permanent form of disability rendering her more or less unable to earn her support by manual labor. Further, she must prove that this disability was incurred in the army service, and in consequence of it. This it is sometimes quite difficult to do on account of proper reports not having been made to the Surgeon or Chief Nurse. In fact, the chief difficulty in the claims lately presented has been due to some carelessness on the part of the nurse claimant herself while in the service, regarding this very matter of records.

Assuming, however, that a case is made out as it should have to be for the Pension Office if there were a general law, it now becomes necessary to go further and enlist the active support of the Member of Congress of the district where the nurse lives. He will get the record of service, honorable discharge and illness, from the War Department. Length of service is not a factor in these disability cases, but the Congressional committees will probably require evidence of financial need in order not to vote the people's money to one who has already means to live comfortably. The Pension committees of the Senate and House act on these special bills, and such as receive their approval become laws. But unfortunately the House Committee is not apt to consider more than one or two claims from any one district, no matter how good they may be, so influence may be quite a factor. Conditions also vary in general from year to year, and it would appear that the prospect is not so good this year as it was last; though it is hoped that this prediction will not be verified.

The rate of disability pension for veterans varies from \$6 to \$72 a month, depending on the character of the wound or amount of disability. Of course, nurses ought in fairness to be similarly rated, but they are handicapped by the natural reference to the Civil War nurses' rate of \$12, to the neglect of the fact that that is an age penison only and not one for service disability. So far as has been learned, only three Spanish War nurses are now in receipt of pensions, and the rate is \$12.

One of the Camps of the Spanish-American War Nurses has raised the question of the pensionable status of the army nurses since February, 1901, when contracts were abolished and the Nurse Corps permanently established. This Camp passed resolutions maintaining that legislation for these nurses was "superflous" because they "should be considered soldiers quite as much as are Hospital Corps men," and, therefore, a law in the nurses' favor would be "a recognition of a distinction that does not exist." Uunfortunately for the holders of this opinion, it is not in accord with either the facts or the law govern-

ing the case. It is true, however, that nurses are now as much a part of the army as are Hospital Corps men, but here the analogy stops, for there is a very great difference between the three classes of "commissioned," "enlisted" and "appointed." There are a number of rights and privileges (including pensions) which are limited to the first two classes, and which nurses would like to have, but it must also be frankly stated that these rights are linked with a number of duties and demands which have been quite lost sight of in the recent discussions of this question. (Probably it would be more correct to say that they were never known, at least to the ardent advocates of what they call "rank" for nurses in the army.) To explain what military rank means, and why the nurses themselves would be the first to reject it if all the conditions were understood, is not appropriate now, but it may be as well to state that the question is not a new one, but

that I have yet to find an army muse who was willing to accept the only conditions on which "rank," other than at present held, could be conferred.

The Camp above referred to evidently learned later some new aspects of the case, for after the resolution quoted they resolved "to co-operate in any measure that will provide the greatest good for the greatest number." This is just what the Pension Committee of the Spanish-American War Nurses is trying to do, and it seeks the aid of all who are in a position to give it. A helping hand is held out by the society to all army nurses, whether of its membership or not, whether of '98 or any later time. This broad policy ought to insure the support of all interested persons, and it is hoped that something may be accomplished for our sick comrades. Later, by degrees, will come the time when the claims of the army nurse will secure general recognition.



A DELIGHTFUL DRIVE IN MANILA. See Reminiscences of an Army Nurse.

# Infant Feeding

MYER SOLIS-COHEN, A.B., M.D.

Percentage Feeding—(Continued.)

Soda Solution is made by dissolving a teaspoonful of bicarbonate of soda (ordinary baking soda) in a quart of water.

Plain Cereal Gruel may be made from barley, wheat, oat or rice flour. This is better than using the grains. It is prepared as follows: Beat up one or two ounces (heaping tablespoonfuls) of the flour with enough cold water to make a thin paste. On this pour a quart of boiling water and boil for at least fifteen minutes. A covered double farina boiler is preferable to a saucepan. Add enough water to make up what has evaporated. Strain while hot through coarse muslin, add salt to taste and cool.

The amounts of fat, proteid and salts present in cereal gruel are so small that they may be disregarded. The only element of importance is the starch. A quart of gruel made with one ounce of flour contains 1½ per cent of starch; that made with two ounces contains 3 per cent.

Destrinized Gruel is made in the same manner as plain cereal gruel; but after it is cooked place the cooker in cold water, and when the gruel is cool enough to be tasted add one teaspoonful of diastase solution, or Fereo, or ten grains of Takadiastase, and stir. Then strain, salt and cool.

Calculation of Modifications—When the physician has determined what percentages of the different elements he desires to give, he may calculate the amounts of the various ingredients required for his modification and then tell the nurse just how much milk, cream, sugar, boiled water, lime-water, etc., she is to take in preparing the bottle. Sometimes, how-

ever, especially in a children's or infants' hospital, he may merely state the percentages he desires to give and leave it to the nurse to calculate out the amounts of the ingredients required. It therefore is necessary for a nurse to be able to make such a calculation. The method employed for estimating a top-milk mixture is different from that used in a milk and cream mixture. A nurse should be familiar with both.

How to Calculate a Top-Milk Mixture.—One must bear in mind that a nine-ounce top-milk contains 12 per cent. of fat and a sixteen-ounce top-milk contains 8 per cent, of fat. As both contain 3½ per cent. of proteid, the former has about three times as much fat as proteid (3:1), the latter about twice as much (2:1). Whole milk contains 4 per cent. of fat and 31/2 per cent. of proteid (about 1:1). Remembering the above, with a little thought it is possible to make most any modification. If a 3 per cent, fat and I per cent, proteid mixture is ordered, nine-ounce top-milk (12 per cent.) is diluted four times, or I part. top-milk to 3 parts diluent. To make a 2 per cent. fat and I per cent. proteid mixture, dilute sixteen-ounce top-milk (8 per cent.) four times; take I part to 3 parts diluent. A I per cent. fat and I per cent, proteid mixture is made by mixing I part whole milk (4 per cent.) with 3 parts diluent. If the bottle is to contain 4 per cent, fat and 2 per cent, proteid, take equal parts of sixteen-ounce topmilk and diluent; if 2 per cent, fat and 2 per cent. proteid, take equal parts of whole milk and diluent. A little clear thinking will always solve the difficulty. Five per cent. sugar is usually desired.

To obtain this add I part of sugar to 20 parts of the mixture of food.

How to Calculate a Cream and Milk Mixture.—When cream and milk are used the modification can be made more exact. By means of an algebraic formula any combination of percentages can be easily calculated. No thought is required. The matter becomes a simple problem in mathematics. The following symbols are used:

F = the percentage of fat desired.

P = the percentage of proteid desired.

S = the percentage of sugar desired.

Q = the quantity of the mixture desired, expressed in ounces.

C = amount of cream required, expressed in ounces.

M = amount of milk required, expressed in ounces.

W = amount of water or other diluent required, expressed in ounces.

L = amount of lactose or sugar required, expressed in ounces.

The amounts in ounces of cream, milk, sugar and diluent required to make a mixture of the desired quantity and containing the desired percentages are obtained fom the following equations:

Cream 
$$(16\%^*) = \frac{Q}{12^*} \times (F-P)$$

$$Milk = \frac{Q \times P}{4} - C$$

$$Diluent = Q - (C + M).$$

$$Lactose = (S - P) \times Q$$

$$100$$

If the prescription calls for 24 ounces of a mixture containing 3 per cent. fat, I per cent. proteid and 5 per cent. sugar, then

$$Q = 24$$

$$F = 3$$

$$P = 1$$

$$S = 5$$

To find the amount of cream required, substitute in the equations for the symbols their corresponding numbers, thus:

$$C = \frac{24}{12}(3-1) = 2 \times 2 = 4$$
 ounces of

16 per cent. cream.

$$M = \frac{24 \times 1}{4} - C = 6 - 4 = 2$$
 ounces

of milk.

W = 24 - (4 + 2) = 24 - 6 = 18 ounces of diluent.

$$L = \frac{(5-1) \times 24}{100} = \frac{4 \times 24}{100} = \frac{96}{100} =$$

(practically) 1 ounce of sugar.

The same method is applied to the following prescription: Make 16 ounces of a mixture containing 2 per cent fat, 1 per cent proteid and 6 per cent sugar.

$$Q = 16$$

$$F = 2$$

$$P = 1$$

$$S = 6$$

$$C = \frac{16}{12} \times (2 - 1) = 1\frac{1}{3} \times 1 = 1\frac{1}{3}$$

ounces of cream.

$$M = \frac{16 \times 1}{4} - 1\frac{1}{3} = 4 - 1\frac{1}{3} = 2\frac{2}{3}$$

ounces of milk.

$$W = 16 - (1\frac{1}{3} + 2\frac{2}{3}) = 16 - 4 = 12$$
 ounces of diluent.

$$L = \frac{(6-1) \times 16}{100} = \frac{5 \times 16}{100} = \frac{80}{100} =$$

 $\frac{4}{5}$  ounce of sugar.

The Preparation of the Baby's Food.— Enough for one bottle or for the whole day may be prepared at one time. It is customary to prepare at the same time all the bottles of modified milk required for the twenty-four hours. This is best done on the arrival of the milk and cream

<sup>\*</sup>If 20 per cent. cream is used, make the denominator 16. If 12 per cent. cream is used, the denominator must be 8.

in the morning, which should be conveniently timed.

When a milk and cream mixture is to be employed the requisite amounts of both should at once be measured out and mixed in a large sterilized vessel with the diluent, in which the sugar should first have been dissolved. When nine-ounce top milk is to be used the upper nine ounces of a quart bottle of milk are removed by means of an ounce dipper (the first ounce to be removed with a teaspoon to prevent overflowing) and mixed in a pitcher or bowl before diluting. sixteen-ounce top milk is called for the upper sixteen ounces must be removed and mixed. If water is used as a diluent it should previously have been boiled. When gruel is employed as a diluent it must be prepared beforehand. soda is added it should be dissolved in the Lime-water when called for diluent. should be mixed with the milk and diluent if the food is not to be sterilized. If, however, the bottles are to be sterilized, the lime-water must be added to each bottle just before it is given to the baby, as a peculiar chemical reaction occurs when sugar and lime-water are boiled to-When citrate of soda is emgether. ployed, a solution of this drug in water is made containing one to five grains to the dram. The amount ordered by the physician is added to the baby's bottle immediately before feeding. When buttermilk is modified with cereal and sugar. a smooth paste is first made with the flour and sugar and a small quantity of the buttermilk, or, when a sugar solution is used, with the flour and a small quantity of the sugar solution. When all lumps have been completely smoothed out add to the paste the rest of the buttermilk, or the rest of the sugar solution and the buttermilk, as the case may be, mixing thoroughly. The mixture is then

heated for ten to fifteen minutes to 155° F. or 212° F., as may be ordered, but is never boiled. It is then cooled, bottled if possible and placed upon the ice.

When the milk has been modified the bottles, thoroughly cleansed and sterilized, are filled, each with the required amount for one feeding. The mouths of the bottles are then carefully dried and tightly plugged with clean absorbent cotton. If the food is not to be sterilized or pasteurized the bottles are then placed at once in the ice chest, where they should be kept at a temperature below 50° F. and away from meat or vegetables.

Sterilization and Pasteurization. — Sterilization is the killing of all germ life by heating the milk to 212° F. or boiling it. Pasteurization is heating the milk to 155° F., by which the full-grown germs are destroyed but the spores or seeds are unharmed.

Many physicians believe that if the milk and cream are fresh and uncontaminated, owing to the great precautions taken to guard them, the mixture need not be sterilized or pasteurized, but when prepared should at once be put upon the ice. When practicable this seems to the writer the preferable method, as such heating, especially boiling, not only injures the nutritive value of the milk, but kills helpful bacteria.

Quite frequently, however, milk contains large numbers of injurious bacteria which must be killed by sterilization or pasteurization before it is given to the baby. This, of course, is the safer plan, being usually more necessary in hot weather, especially when it is necessary to transport the food a long distance, and in the presence of digestive disturbances. Some physicians consider some such method indispensable as long as sterile milk cannot be had with the usual dairy habits, as long as it takes a long time to

get the milk from the producer to the consumer, as long as tuberculosis may be transmitted, at least now and then, by the milk of a tuberculous cow, or, what is more frequent, as long as scarlet fever and diphtheria are met with in the houses and about the clothing and on the hands of dairy men and women, and as long as typhoid germs are in the water used for washing utensils, or for adulteration.

### Pneumonia

ANNIE E. HUTCHINSON.
(Continued from February.)

HEN a nurse assumes charge of a patient in a private home she may find him anything but ideally situated as regards ventilation, light, etc., and it is incumbent upon her to exercise her knowledge, ingenuity and resourcefulness (likewise tact in dealing with the patient and family who may be opposed to radical changes) in making the patient's surroundings as favorable as possible so as to promote his chances for recovery. To have plenty of pure air is important under any circumstances, but it is particularly so in pneumonia because, on account of the reduced respiratory surface, the patient is suffering from a lack of oxygen. So far from fresh or even cold air being necessarily fatal, it is a fact that patients suffering from pneumonia-like those suffering from tuberculosis-have been very successfully treated in the outside air even during cold weather. However, in most places popular prejudice is decidedly opposed to outdoor treatment for pneumonia, and what is generally considered most desirable is a room well ventilated but free from draughts and kept at a temperature of 65° F., or perhaps somewhat higher. To insure plenty of fresh air one window

should be kept partly open all the time and a screen so placed as to effectually prevent any direct draught upon the bed. Besides this it is desirable to completely change the air of the room every few hours-more or less often according to its size—and while this is being accomplished the patient should, if necessary, be protected by extra covering. If there is an adjoining room communicating with the sick room, ventilation without a direct draught of cold air is more easily secured, as the outside air can be allowed to fill the empty room and thence pass to the sick room. If possible, the patent's bed should be placed so as to be easily accessible from either side and so that the light entering does not directly strike the patient's eyes-if position of bed does not prevent the latter a screen should be used.

The mattress of the patient's bed should be protected by rubber sheeting and the bedclothes should be sufficient to give necessary warmth, but not too heavy. Too much covering is likely to render the patient more uncomfortable and also retains exhalations from the body. A plain, loose flannel gown, made so as to readily permit local applications and examinations of the chest, is a very desir-

able garment in pneumonia. Cough, repressed more or less on account of the severe pain it causes, is usually an early symptom of pneumonia. expectoration, which at first may be scanty, frothy and tinged with blood. later is likely to become more profuse, viscid and very tenacious, while its color varies from a light yellow or perhaps greenish to a rusty or dark brown. Occasionally the sputum is thin and dark colored—sometimes termed prune juice sputum — generally regarded as specially unfavorable symptom. characteristic expectoration of pneumonia is extremely adhesive and the nurse should have provided an abundance of clean cloths which may be used to aid removal. These should be promptly burned after using before they have an opportunity to get dry. Some of the sputa should be preserved for the doctor's inspection. The characteristic respirations of pneumonia are rapid and shallow, their frequency, if consolidation is extreme, being out of all proportion to pulse and temperature. This is not only due to the reduced respiratory surface. but partly also to the pain which prevents a full respiration. Respirations may be as high as 40 or 50 or probably 60 per minute. If respirations are very high and the fever moderates they have a graver significance than when the fever is high.

Not only should chills, pain, temperature, pulse and respirations, cough and expectoration be carefully noted, but also the hue of the face, any coldness of the extremities, the condition of the skin, the mental condition and also any evidence of nervous disturbances, such as extreme prostration, shaking limbs, tremulous tongue, aching bones, etc.,

also, as in other cases, the condition of bowels and urine.

As a rule the face is inclined to be pale or of a dusky hue, with, perhaps, red patches on the cheeks. The dark hue is more or less pronounced in proportion to degree of respiratory involvement, and in severe cases the lips general take a bluish tint. As the danger depends considerably upon the extent to which the lungs are involved, the hue of the face is significant.

At first the skin is generally hot and dry; later there is often a tendency to perspiration, which may become profuse. The urine is generally scanty and frequently contains albumen.

Delirium is frequently present and is not always dependent upon or in proportion to the temperature. It is an unfavorable symptom, but has not as serious a significance if it occurs early in the disease. If present when fever is moderate it is a graver symptom than when fever is high. Old persons are liable to a quiet delirium resembling that of typhoid. All penumonia cases require vigilant care, but when delirium is present their condition calls for special watchfulness. In pneumonia, especially in alcoholic patients, the delirium is apt to assume a sudden frenzy when the patent may exhibit unexpected violence and very likely attempt to spring from bed. If not attentively watched the patient may actually leave the bed and probably attempt to spring from a window or do something else equally dangerous. When one nurse is in charge of a delirious pneumonia patient, she will do well to avoid risks by invariably calling in some member of the family to watch the patient whenver she is obliged to leave the room. A case came under the writer's own observation-being

called in as special nurse afterwardswhere a young man suffering from typical pneumonia, in a frenzy of delirium during high fever, succeeded one night, not only in leaving his bed and the ward where he lay, but the hospital building and grounds, afterwards running in bare feet, and clad only in cotton night gown, for about a mile over the frosty ground—it was in January. Fortunately and, as it was considered, miraculously, this particular patient seemed to suffer no ill effects. The crisis came within twenty-four hours and he made a rapid and complete recovery.

During the fever stage of pneumonia the patient should be given only liquid diet, preferably milk, which if not readily digested may be peptonized or it may be given in the form of kumyss. A steady milk diet is very monotonous and, as a rule, it is advisable to vary it somewhat with beef tea or expressed beef juice, or the doctor may order panopepton or some other of the reliable patent food preparations. It must be borne in mind that the febrile condition is very unfavorable to digestion and the nurse must be careful not to give her patient more food than he can digest. The mere swallowing of food will not serve to keep up the patient's strength, and to crowd nourishment may do a great deal of harm by causing indigestion and consequent flatulency. Forty ounces of nourishment in the twentyfour hours is generally considered a fair amount in the average case. Usually the doctor will give instructions as to amount and kind of diet, and if so, the nurse will be guided by these. Water is not considered harmful and patients may, as a general rule, have as much as they desire.

The treatment of pneumonia varies considerably with different doctors; however, the nurse is only required to faithfully follow the particular line of treatment adopted in each case. Sponge baths or cold packs may be ordered to reduce the fever, and probably also for their soothing influence upon the nervous system. The cold sponge bath in pneumonia should not, as a rule, last more than ten minutes. A good effect is generally obtained by accompanying the bath with brisk friction which stimulates the circulation and produces reaction and perspiration. In giving a cold sponge bath or cold pack be particular to ascertain from the physician the temperature of the water to be used. In giving a cold pack, the desired reaction may be produced by covering the wet towels or sheet with a blanket. Ice poultices or ice bags, also hot flaxseed poultices and numerous other local applications, are employed. If hot poultices are ordered—and in some places, at least, they have not gone entirely out of fashion as pneumonia treatment—they demand much care and attention on the part of the nurse, as they may do more harm than good if not changed carefully and frequently enough.

Sleeplessness is not uncommon in pneumonia, but, on the other hand, more particularly as the disease progresses, there may come a drowsiness of somnolence that is liable to deepen into coma—if the patient's condition indicates any probability of this danger, efforts should at once be made to rouse him. If ordinary means fail, sponge face, neck and between shoulders with cold water.

Many conditions, such as the presence of some previous chronic disease, previous habits of the individual, season of year, age and sex, modify the prognosis in pneumonia. The death rate is proportionately higher in Autumn and Winter, in the aged and in women. In diabetic or rheumatic patients, in those suffering from chronic nephritis or from cardiac disease, the prognosis is always unfavorable. But, however unfavorable the prognosis, the nurse must diligently and faithfully attend to her duty, hoping always for the best. Recoveries sometimes occur after all hope has almost been abandoned.

The nurse should, of course, keep for the physician a faithful record of all treatment given, diet, temperature, pulse and respirations, cough and expectoration (frequency and characteristics), urine, defecations and everything that in any way marks the patient's condition or progress.

Pneumonia is not generally thought of as being among the infectious diseases, and it is certain that it is not readily transmitted from one person to another. It is, however, communicable under very favorable conditions, as has been proved by well authenticated instances. Although under ordinary circumstances there is little danger of communication, it is, nevertheless, wise for the nurse to adopt all precautions that do not interfere with her full duty to the interest of her patient.



ARMY NURSES IN MANILA IN NATIVE COSTUME.

### Dispensary Work

A. M. N.

H AVING had the good fortune to be asked to serve as dispensary nurse in a private dispensary in the midst of the most densely populated district of Boston, I thought a brief history of the daily work would be of interest to some of the readers of "The Trained Nurse."

I had been doing private nursing for three years; through the resident physician I was asked to take up this work for six months. The experience is unlimited. We all know that in private work we have little or no occasion for diagnosis. In this work the opportunity is unlimited. Also in hospital work the case is already diagnosed when we receive it.

Now to give a brief outline of the work as it is carried on at our dispensary:—

The daily clinic opens at 10:30 A. M. when the medical, surgical and special clinics are open to the district. Usually there is a waiting line outside the door by 10 o'clock, men, women and children. When the door is open, they file in, receive their checks, which cost them 10c. With each check, goes the number they represent. First come first served.

First, a woman with a bad cough—history taken and preparations made to watch for tuberculosis. Next, a boy to have his eye treated; then, a man for a new dressing for a fractured arm; next, a girl to have some teeth extracted, and so it goes down the list.

Sometimes twenty and more are to be treated. At 12:30 the door is closed, and any outside calls that come in are noted to be attended to after 3 P. M.

After 3 the physician and the nurse

start out for the calls. New cases first. We climb long, dark stairways, to find a girl ill; case looks suspiciously like typhoid. Leave directions and will make a call in the morning, for the morning temperature. Then to a case of delirium tremens; next to a septic hand, etc. Then the old cases—little Willie ill with pneumonia, restless and very ill. (This case finally is diphtheria). Children all say "Good-bye, doctor; good-bye, nurse; you can make our brother well, can't you?" Then to a tonsilitis case, and two calls on confinement cases.

When all are made it is 6 P. M.

Preparations are now made for dinner when bell rings and voice at the tube says: Doctor, I must see you; my hand is so bad." Woman with septic fingers. She is taken into surgery, instruments and dressing prepared; hand is cleaned, and wet dressing of bichloride put on; then when all is ready finger is lanced and dressed, and woman leaves happy.

We then scrub up and go to dinner. Return 8 o'clock, find a call to go to a confinement case—in a hurry—rush. Deliver the woman; wash and dress the baby; the nurse having carried the baby clothes with her and a fresh gown for the mother—sometimes they are needed. All is quiet by 11, when the nurse goes to her room, ready to start at any moment.

This is a brief outline of one day's work.

Some days we send two or more cases to the hospital. We have many cases of appendicitis; by prompt and correct diagnosis and early surgical treatment at the hospitals their lives are saved.

The dispensary provides baby clothes for the very needy, as previously noted; also milk and eggs in many cases. The patients who are "out" patients—those treated at home—expect to pay 15c. a call. And the dispensary expects that all cases will pay something, though there

is no limit as to charges. Nearly all can pay something, and usually do so gladly.

It is most interesting work and a great opportunity for broadening our profession. Each day contains many new experiences, and when night comes we can say "well done."

## Practical Suggestions for Nurses

GRACE B. HOMMAN, R.N.

- 1. When giving turpentine in capsules, if the cap is quickly dipped in water before putting together the turpentine will not leak out, and so will not be tasted.
- 2. In making rectal examination it is advisable to first put soap under the finger nails.
- 3. When handling plaster paris use vaseline on the nails.
- 4. Line basins in which plaster paris bandages are to be soaked with brown paper, as afterward the water may be poured off, leaving the sediment, which can then be easily disposed of. It is advisable to change the water often and to keep a small amount of salt in it.
- 5. It is a good plan to save brown paper to line basins used for soiled dressings.
- 6. Save paper bags for soiled dressings.
- 7. Applicators can be much more easily wrapped if the cotton is taken lengthwise of the roll, as the cotton fibres are longer.
- 8. Dressings once sterilized need not be re-sterilized if wrapped in waxed paper.
  - 9. When a patient is so nervous that

- the click of the latch in opening and closing the door is very annoying wrap gauze around the handles, bringing it over the latch. The door may then be opened or closed without a sound.
- 10. Dressings will not adhere to burns if gutta percha is used next the wound. First perforate it so that the discharge can come through. For this purpose use a conductor's punch, placing tissue between the gutta percha, as it can then be more easily punched.
- 11. It is easier to give medicine to a baby if the spoon is held in the mouth, holding the tongue down; the infant is compelled to swallow.
- 12. Patients who complain of difficulty in swallowing pills and capsules often have no trouble if the medicine is placed under the tip of the tongue and then water is given them to swallow.
- 13. When an air cushion is uncomfortable to a patient partly fill two water bags with warm water and slip one under each hip.
- 14. To cover an air cushion take a cheesecloth bandage  $2\frac{1}{2}$  to 3 inches wide and wrap it around and around the cushion, allowing the edges to overlap. Then baste the ends together. When

the bandage is soiled wash, and while wet wrap around a large bottle and set in the sun or a warm place to dry. It can then be rolled and is again ready for use.

15. Do not boil rubber tubing with instruments, as it discolors and corrodes them.

16. For the same reason use carbonate of soda instead of bicarbonate when sterilizing instruments.

17. In an emergency instruments can

be quickly sterilized by pouring alcohol over them and setting fire to it.

18. When hot fomentations are required it is much easier and makes the hands less tender if the cloths are first wrung out of water and are then put in a steamer (or colander with lid), and are steamed. By this method they are always ready for use. It is occasionally necessary to moisten the cloths as they become dry. If turpentine is required a few drops may be rubbed in the cloths.

#### Legislation for Nurses

SEVERAL legislative matters bearing upon nursing have come up since our last issue. Probably the most important is the agitation for the employment of women nurses in the navy. This was given official expression January 29 by a bill introduced in the House by Mr. Burton, of Delaware. The bill authorizes the Surgeon-General of the Navy to appoint, under regulations prescribed by the Secretary of War, women nurses for the navy, as follows: One superintendent and as many chief nurses, nurses and reserve nurses as may be needed, all to be graduates of hospital training schools whose course is not less than two years.

The term of appointment, according to the bill, shall be three years, and the appointment may be revoked at any time, "should the interests of the service require." Senator Travis, of New York, has introduced a bill including nurses in the class with undertakers, which entitles them to collect their bills at the end of sixty days. Under the present law nurses are common creditors, and it frequently happens that a nurse has to wait a number of months for the settlement of an estate before receiving her pay.

Assemblyman Harper, of New York, who has introduced a bill to increase the salaries of nurses and attendants attached to State hospitals about 25 per cent, states that he will press the measure to passage. A definite scale of salaries is provided in the bill.

A Rhode Island judge has rendered a decision that a trained nurse cannot be classed with domestics, but is rather one who renders personal services to an employer in an independent calling.

#### Personal

Miss Effa Griffin of Oakland, Cal., a graduate of the National Temperance Hospital in Chicago, and Miss Mary A. Hagan of San Francisco, Cal., formerly at the General Hospital of San Francisco and Southern California State Hospital, have gone to the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, for instruction in the Swedish system of massage, gymnastics, electro- and hydro-therapy.

### Reminiscences of an Cr-Army Aurse

CECILIA McHUGH.

THE army nurse corps offers a favorable and highly increasing field for the graduate nurse who prefers institutional work to private nursing and to the nurse imbued with a desire to study human nature at close range. If she be blessed with a goodly share of humor (the saving wedge of many a hazardous situation), there is, to my mind, nowhere else where work and pleasure can be combined with greater interest and profit to the worker than in the ranks of the A. N. C. I believe it will be conceded by all army nurses who have had a wide experience with sick human nature that as a patient the soldier boy cannot be beaten, while his witty remarks apropos current topics and passing events in the ward would serve as a tonic to the most jaded intellect. Here you have the unsophisticated boy from the farm, whose original and unbiased comments on the doings of his superior officers, or whose frank criticisms of his "bunkies" are in striking contrast to the cynical and almost always querulous complaints of his blase comrade who has sought relief in the possible excitement of a Philippine campaign for the wounds sustained in a conflict with life's grim realities. you have the dear old soldiers-those nearing, or already claiming veteranship, who are always a delight and special care to the nurses-though their long experience of "roughing it" makes special care unnecessary. So appreciative are they of the ordinary comforts of modern military hospitals that they never cease contrasting conditions in their time and now for the benefit of any of the "rookies" who are inclined to find fault with present conditions,

To the uninitiated the army nomenclature is as unintelligible as Greek, though once you get "on" you find it much more expressive than plain ordinary English, and soon find yourself making use of it with the ease of a sergeant-major. Apart from the work and its attendant pleasures or vexations, the A. N. C. offers unusual opportunities to the nurse who likes to travel, and if she avail herself, of all the opportunities she has in this direction she can revel in the grandly inspiring luxury of two of the greatest and grandest works of nature we have here in America, besides being enabled to see California and do its many places of interest pretty thoroughly. The two great wonders referred to are the Yosemite Valley and the grand canyon of Arizona. Then there is the trip to the Orient which she cannot fail to accept in the light of a liberal education in itself, and of which this article will treat. pangs of homesickness she may feel on passing out the Golden Gate and leaving beautiful California behind, or, whatever misery she may suffer in the way of sea sickness, all is forgotten as soon as she sets foot on solid earth at Honolulu and engages in the rush to take in all the delights of that beautiful spot. If she is lucky enough to have any friends or acquaintances there it will be doubly interesting for her-besides affording her an opportunity of partaking of the native dish-poi and dried fish-which is considered the piece de resistance to a resident of Honolulu. From the fact that many Americans relish it, it would seem that it is possible to cultivate a taste for it, but to the newcomer it resembles a sand pie, and the taste is nondescript. To see both Americans and natives scoop up the soft mass with their index finger and convey it to their mouths with the greatest dexterity seems like going back to first principles.

Of course, every one wants to attend the dance usually given at the Royal Hawaiian Hotel for the passengers off present a scene which must be witnessed to be fully appreciated—and then your appreciation will be beyond expression. Next day she must surely take in the delights of surf bathing at Waikiki.

Of course, no one will willingly miss a visit to the Pali, immediately back of the harbor and city of Honolulu. It is



THE NURSES' HOME, MANILA.

the transport; but to those unwilling or unable to dance, the concert of quaint and delightfully entertaining native songs and music given in front of the hotel, the tropical beauty of the grounds, supplemented by myriads of vari-colored electric lights, Japanese lanterns, festoons of the beautiful and fragrant flowers,

reached by an hour's drive of six miles to an altitude of 1,200 feet over one of the most perfect of roads. From between a glorious amphitheatre of perfect walls the visitor is suddenly ushered to the verge of a tremendous precipice overlooking a broad landscape of green plantations at the foot of a lofty precipice.

This is bounded beyond by the fretted blue Pacific and at the north by wild broken ridges which kindle a desire to explore. An excellent road is carved down the precipice and continues along the coast for thirty miles, until it meets the railway. For the benefit of those not familiar with the gruesome legend of the Pali, I will quote the following:

"In the year 1705 Kamehameha the First, King of Hawaii, in pursuance of his policy of uniting the whole Hawaiian group under his sway, came with an immense army to war against the King of Mani and Oahu. Kamehameha landed at Waikiki, the now favorite seaside resort—his immense fleet of canoes occupying the beach from Waikiki to Wailae, to the windward of Diamond Head, Several running engagements took place between the opposing forces. Finally the hostile forces met in a pitched battle at Puiwa, about two miles away from the sea. The army of Kamehameha gradually gained the advantage and pursued the enemy further and further up the valley until finally they were driven over the precipitous pali—thousands there meeting death—those that were slain or wounded en route being also hurled over."

The giving of leis to departing friends is a very pretty Hawaiian custom. Leis are a chain of flowers made from the beautiful native flowers, or beads, and are worn by the women around the neck and by the men on their hat bands. Those made from the flowers of the native plant, mallot, retain their fragrance in your state room until you reach Manila. As the transport leaves the wharf to the strains of "Good-by, Little Girl, Good-by" and "Home, Sweet Home," played either by the regimental band on board or the Hawaiian band on

the pier, the admonitory advice of "Don't Cry, Little Girl, Don't Cry," goes unheeded as you realize that you are severing the last link that connects you with the Occident, and as the natives, your friends and interested spectators throw hundreds of leis on the water, it certainly is a touching and pretty sight to see all the good wishes in the form of flowers floating out after the transport as it reluctantly pulls out for its two weeks of uninterrupted isolation on the briny deep.

If you are inclined to be seasick, of course you will not have much pleasure on the trip, and will hail with overflowing thankfulness the little Island of Guam, with its limited possibilities for relaxation or recreation. It is customary for the Governor of the island to have all available conveyances—carriages, ambulances and caribou carts-down at the pier awaiting the passengers off the transport to convey them to Agana, the capital of Guam. It is also the naval station and the Governor's seat. This courtesy, as well as the serving of a most deliciously appetizing luncheon to all passengers at the palace, is a self-imposed task on the Governor which I am afraid is not fully appreciated. After luncheon the Governor and staff and all American ladies on the island, of which there were only five the day we were there, take you sightseeing through the town. The school and a frightfully dilapidated old Spanish church, 200 years old, were the only objects of interest there. You probably never before thought very highly of marines, but when you see them here on this isolated little island, in their immaculately white suits and charmingly polite and deferential manner, with unmistakable signs of welcome in their looks and actions (such signs of welcome probably

engendered more by the arrival of the monthly supply of fresh meat and other supplies from the transport than from your presence there), you find your loyalty to the soldier boy wavering and conclude that it would be impossible to find such another body of well-drilled men. The five days from Guam to Manila passes very quickly, owing to the excitement and expectancy incident to the nearing of the San Bernardino Straits. If you are interested enough you will find yourself on deck at 4 a. m. admiring Jupiter and the Southern Cross and awaiting daylight and the most beautiful of sunrises, and as you pass up between the islands of Samar and Luzon you cannot fail to be favorably impressed with the tropical beauty of it all. Having gone through the necessary preliminaries. you disembark and are conveyed by ambulance, or, if your friends are at the dock awaiting you, they will treat you to your first ride in the fascinating carromata to the nurses beautiful home on Calle General Solano, over which you are very enthusiastic. Having been duly welcomed by some more of your previously arrived friends and by dear old Soledad-the nurses' Filipino mascotand having the innerman attended to by the ever-faithful and amiable old John Chinaman, your next treat will be a drive to the Luneta, the surprise and delight of all visitors to Manila. The scene on the Luneta is very fascinating at all times, but of course much more so to the recently liberated passenger who has spent four weeks on a crowded transport. The delight of this freedom is enhanced by the after glow of a most beautiful sunset, reflected on Manila Bay, with a fine band discoursing the latest American airs to a highly cosmopolitan and apparently appreciative audience. The Constabulary

Band, composed of natives, with an American negro as leader, plays here three or four times a week; some regimental band playing the remaining evenings.

Every one in Manila seems to be in evidence at these concerts. The American women, with their pretty, lacy costumes; the evidently prosperous and apparently pompous Chinamen, the Arabs with their bright colored headgear, the Japanese with their peculiar form of dress and the native Filipino, whose costume, consisting in some cases of a bright red, purple, green or blue camisa (shirt) and pants or skirts of either one of the above-mentioned colors, and whose airiness and transparency are so pronounced as to leave nothing to the imagination, and, last but not least, the American soldiers and sailors who make up the standing audience, and whose attitude of respectful attention (standing bare-headed, with right hand across heart) during the rendition of the closing number, the "Star Spangled Banner," is invariably emulated by all the native men and boys, all contribute to the intense picturesqueness of the scene. At the close of the concert, after a delightful drive on the Malaccan or out Santa Ana way, you return to the Home and find yourself thinking:

"How great would have been your bliss,
If Heaven had but assigned you,
To live and die in scenes like this,
With some you left behind you?"

However delightful, I assure my friends that I have not yet heard the "East-a-calling." I must add that after a few years of this continuous and enervating heat and gayety you begin to tire of it and think longingly of those delightfully invigorating Autumn days spent somewhere East of the Rockies.

#### The Foundling Asylum in Florence

8. D. H.

D URING the Summer of 1902 it was my good fortune to spend a few most charming days in Florence—days ever to be remembered, as those of my readers who have chanced to go that way well know. A little while in Florence means that one can feel somewhat the influence of the place, so filled with many of the greatest art treasures of the world.

One is fairly dazed with admiration from the moment you find yourself within that old Italian city, almost forgetting the present, and living in the past, as it were, during the enchanting hours spent among its varied works of art.

Among the many attractive works of Andrea della Robbia, the famous master in clay, are the Innocenti medallions, which form part of the facade of the old Foundling Hospital.

These wee babes in swaddling clothes, moulded in material which has stood for several hundred years, have a great fascination for the traveller, and as one approaches the gray and dingy building on the Piazza dell' Annunziata the first impression of these tiny creatures, all along the wall, is pleasing, indeed. This great shelter for the destitute and unfortunate little ones has long held an attraction for many a visitor in Florence.

One bright, sunny morning, such as one usually finds in September in Italy, my friend and I turned our steps toward the old hospital. Entering a court by way of an archway in the wall we were asked to wait there until a guide was sent to us to show us all about. As we were standing but a few feet from the chapel door, over which is a lovely

Annunziata by Andrea della Robbia, we were able to study the sweet faces of that famous work, which surely is well worth time and pains to see.

While we were thus standing, quite enraptured, an attractive little nun appeared, who was to take us through the institution.

As we followed our little simple guide I could not help drawing a contrast between the old and reeking walls, so impregnated with the dust and microbes of ages, and our great modern sanitary buildings.

One hates to dwell upon such thoughts while there, but afterward we cannot help feeling how much more science has done for us—and money, too—for truly one sees poverty in Italy.

This part of the hospital is exclusively for the babies, the maternity buildings being on the opposite side of the piazza.

When a child is but a few days old—yes, and often but a few hours in this world—it is taken over to this great home. The poor little creatures are many a time left alone on the doorstep, to be kindly cared for by the Sisters. These wee mites of humanity, the Sister said, sometimes are born in the very street.

Poor, forlorn miserable little waifs—how little life holds out to many of them. Few may fall to a better lot, but many are sooner or later cast upon the great world. We were taken into one large room where in the middle stood a large table, about six feet square. This was covered with an unattractive looking black oilcloth, over what may have been a mattress, or any other soft and bumpy lining. This, the Sister said, was where

they changed the babies and did the surgical dressings. Fancy such a combination in our days of enlightenment! To a native Florentine all that sounded clean and nice; to us it seemed quite different.

We passed along the various halls, were shown the closets where the linen was kept.

We finally came to a small room, where we saw a buxom mother nursing two babes, one at each breast. Think of that wealth of nourishment in one poor, forlorn Italian woman, where in

our land of luxury so many of the richer born are bound to struggle for life over the nursing bottle.

According to their idea of cleanliness all was very nice, and I feel grateful to the little Sister for all her kindness and interest in taking us about their home.

Surely I never shall forget it, and if ever again I am fortunate enough to visit Florence I shall certainly want to go to the hospital, if only to see whether in that old city time has done anything toward the advancement of sanitation.



UN INNOCENTA, ANDREA DELLA ROBBIA.

#### Personal.

Miss J. Augusta Briggs, formerly superintendent of the Cambridge Training School for nurses, has been appointed principal of the Training School for Nurses and matron of the Framingham, Mass., Hospital.

Dr. Annie Hintze, who succeeded Miss Annabelle Stewart as superintendent of the Framingham Hospital, tendered her resignation some months ago.

#### Obituary.

It is with deep sorrow that we announce the death of Miss Bertha Kaschell, a pupil nurse of the German Hospital, Brooklyn, N. Y. She died of typhoid fever on January 21, 1908. While she had been in the training school only six months, her work was characterized by earnestness of purpose and devotion to duty which stamped her as one of the bright lights of the school.

Mrs. Bina Wiley Morgan died at the home of her brother, Mrs. Wm. Wiley, 708 East Jackson street, Pana, Ill., on June 8, 1907. Mrs. Morgan was a graduate of the West Philadelphia Hospital for Women, of the class of 1904. It is with deep regret that her classmates learn of her death.

## Department of Army Aursing

DITA H. KINNEY
Superintendent Army Nurse Corps

THERE have been five discharges since the last army notes: Clara C. Doersch and Bert D. Brackett in San Francisco, Mona E. Martin and Elizabeth D. Thomas in the Philippines, and Sara Burtiss Myer from Fort Bayard.

The appointments have been: Louise De Pue Maguire and Miss Grace Helen Nutter, graduates of the National Homeopathic Hospital, Washington, D. C., in 1906 (Mrs. Maguire has also had six months' experience in charge of Dr. J. E. McOuain's Hospital, at Spencer, Va., and Miss Nutter nine months in the Portland, Me., General Hospital); Jane G. Molloy, graduate of the City and County Hospital, San Francisco, 1907; Elma Baker, graduate of St. Joseph's Hospital, Hot Springs, Ark., 1907. All of these appointees were assigned to duty at the General Hospital, Presidio of San Francisco.

A cablegram from the chief surgeon, Philippines Division, announces the reappointment of Emma Haefner, who was discharged at her own request in Manila, to take charge of a railroad hospital there. Miss Haefner requested reappointment in the Army Nurse Corps, having found that civil positions did not afford a sufficient amount of rest and free time demanded by work in the tropics.

Another reappointment has been given to Bertha Purcell, an ex-army nurse, discharged at her own request last May. She also is assigned to duty at the General Hospital, Presidio of San Francisco. Nurses Hannah A. Kallem, Lydia M. Keener, Ella B. King and Elizabeth D. Reid, having completed their tour of duty at Fort Bayard, have been transferred to General Hospital, Presidio of San Francisco. They have been replaced at Fort Bayard by Grace E. Leonard. Evelyn E. Mericle, Madeleine M. Pampel and Minnie E. Schreiber.

The transfers in the Philippines have been: Adelaide Duncan and Clara L. Postlewait, from Zamboanga to Camp Keithley; Minnie A. Philippens, from Camp Jossman, Guimaras, to Military Hospital, Iloilo, Panay, and thence to the Division Hospital, Manila; Clara M. Selover, from Zamboanga for special duty at Jolo Jolo, P. I.; Agnes Astbury, from detached duty at Jolo Jolo, to Zamboanga.

Mabel D. Gee and Hannah P. Morris, recently arrived in Manila, were assigned to duty at the Division Hospital; Alice Cecil White, transferred from Fort Mc-Kinley to the Division Hospital; Sarah M. Hepburn, from Camp Keithley to Zamboanga.

A nurse recently arrived in Manila from the United States writes of her trip and first impressions: "Despite much that was disagreeable, the trip afforded so many pleasures that the unpleasantnesses are already forgotten. I am agreeably disappointed to find Manila still unspoiled (if I may so express myself). I mean it is still entirely un-American, and therein lies its greatest charm. One does not travel ten thou-

sand miles to find a poor duplicate of St. Paul or Denver. The nurses' quarters are delightfully spacious, the atmosphere of the house friendly, refined, hospitable, and up to this present writing I can see no reason why we should not be both comfortable and happy."

Christmas letters have been received by several from the Misses Mary Cordes Barker, Isabelle Bamber and Mary J. McKelvey, ex-army nurses on duty in Panama, who seem to be enjoying their work on the Isthmus. The Misses Call and Wollpert are in Mexico, the latter in the southern part, where the weather is intensly hot, "far hotter than the P. I." Ex-Chief Nurse Mrs. Bauer and Miss Mary J. Kennedy are at Mazattan, Mexico. They are the only nurses in a hospital consisting of five tents. nurses are five days by boat from Guymas, where Miss Catherine Edwards has charge of a hospital.

The deep sympathy of her sister nurses and friends is extended to Miss Henrietta McRae, who has recently been bereaved by the death of her sister under peculiarly sad circumstances. We hear that Miss McRae will devote her life to the little motherless family. It would be hard to imagine more wise, tender care than she will give them.

All friends of the Army Nurse Corps should know the "Princessa," because she is one of their "second generation"—the baby daughter of a most popular exchief nurse. Her mother writes an interesting description of the Princessa's Christmas, which is delightful enough to reproduce for the benefit of our nurse

corps at large: "Santa Claus was most generous tó her. Four beautiful souvenir spoons were added to her collection (she already has twenty-two). Teddy Bear got a little brother and a 'B'rer Rabbit' to keep him company. I dressed a beautiful stockinet doll from 'Best's' and filled a tiny trunk with changes of raiment; Mollie Layton Crozier (ex-army nurse) dressed a boy and girl doll for her; Mrs. Krauskopf Allyn (ex-army nurse) sent an embroidered cap; the Misses Gertsch and Mc-Evoy (ex-army nurses) sent a big bunch of real violets: Mrs. - sent two little Dutch linen dresses and three dolls. There were horns and balls, automatic toys, carts, baskets, tin pails, and even a tiny bottle of wine to drink to her 'good health.' She was the dearest thing in her little pink gown, her long, heavy hair in fluffy rings all over her head. She was not at all afraid of Santa Claus when he came dashing in, with his pack on his back and the calesin full of things. 'B. P.' was Santa, and looked the part in a costume which I made. The old calesin was fixed up in turkey red and cotton (for snow). There were bells and bows all over the harness and Santa 'sure' came with a dash, for he was driving my Australian horse, who walks on two legs and paws the air with the other two. All this was at the house of a friend. The next day the Princessa had her own tree (a real one from Baguio). The day after was, in very truth, a 'day after.' The Princessa (who will not eat candy) was the only one who was not the worse for the two Christmases."

# Editorially Speaking

#### The Visiting Committee's Report

THE New York City Visiting Committee of the State Charities' Aid Association, which has been investigating the three years' course of the training schools for nurses, has presented its report to the Department of Public Charities.

One of our contemporary nursing journals, in commenting on this report editorially, makes some assertions which we think are ill advised and certainly premature. It says: "We believe that this report practically brings an end to the discussion as to the wisdom and justice of the three years' course. Political or commercial interests may retard its universal adoption, but we feel that the standard has been fixed, and the large schools which do not adopt it will be recognized as belonging to a lower grade."

With all due respect to the belief and feelings of our contemporary, the above statements are very far from fact, for instead of settling the vexed question, those who have an intelligent knowledge of the nursing situation will find little that is convincing in the report.

We shall not attempt to review the report, for this is most thoroughly and ably done by Miss Charlotte Aikens, whose article appears in this number, but we will consider the value of the weight of evidence given. In discussing the question of the three years' course in his article, which also appears in this number, Dr. Hugh Cabot states that before accepting opinions as conclusive we must first decide what classes of people are entitled to opinions worthy of considera-

tion and what relative value these opinions should have. In judging the qualifications of the three years' course Dr. Cabot believes those entitled to opinions are the nurses themselves and the physicians. In speaking of those professionally interested in the teaching of nurses he says:

"The majority of the published opinions are those of superintendents of nurses, or at least those professionally interested in the teaching of nursing. Deeply as we must respect their opinions, it may fairly be doubted whether they are in as sound a position to judge of their finished product as those who have a less personal interest."

From this point of view the report loses much of its value, for it states: "Of the one hundred and forty-two replies received that were definite and pertinent, sixty-six were from superintendents of training schools, or of nurses. and seventy-six from superintendents of both hospitals and training schools, or of hospitals alone." The report further states: "As far as the care of the sick in their own homes by trained nurses after graduation is concerned, it is to be remembered that those replying speak from the experience of institutional rather than of private nursing. As to the weight that should be given these replies in considering the question of how desirable or necessary a three years' course of training is to prepare a nurse to care for patients in their own homes. under the instructions of the physicians in charge, we express no opinion, etc."

\* \* \* "To be trained for private nursing is the object of a large part of the applicants and, therefore, the better and more attractive such training is, the better will be the general character of the applicants." With the acknowledgment of the committee that a large part of applicants are trained for private nursing, we naturally look to see how much voice the rank and file of private nurses have had in the committee's report, and we find that the only representation is a semi-official resolution of the Nurses' Associated Alumnae—a resolution proposed on a pleasure trip, just before the boat arrived at its objective point.

It may be of interest here to quote one or two views on the value of the opinions of nurses' organizations. Dr. Cabot says: "The great body of graduate nurses is, I believe, a thoroughly safe tribunal, but it has never as yet been possible to obtain its unbiassed opinion. The alumnae societies and state associations have, in a great majority of cases, voiced the sentiment not of the large body of nurses but of a small number of executive officers, a large proportion of whom are superintendents of nurses, superintendents of hospitals, or at least not practising nurses."

Miss 'Aikens says: "Regarding the 'weight' which should be given to the resolutions of the Nurses' Associated Alumnae in favor of the three years' course, it will be admitted that much depends on who is doing the weighing. There are wheels within wheels in nursing, as in all other lines of work. Some of these wheels are not plainly visible, and the committee is not to be blamed for not noticing them, but the wheels are there nevertheless." And again: "The thing we object to is the impression given that this hastily considered resolution,

proposed on the deck of a steamer while en route to the Jamestown Exposition, should weigh particularly in deciding such a question."

We admit that the statement that the resolution represents the opinion of representative women of the whole country, from the Atlantic to the Pacific, sounds very imposing, and would undoubtedly carry much weight with the uninitiated. But when we know that it is the expression of delegates, instructed and uninstructed, absolutely ruled and governed by a few women, who want the three years course and are determined to have it, the matter takes on a different aspect, and little weight could be attached to the resolution.

It will be seen, therefore, that in the Visiting Committee's Report practically only one portion of those entitled to opinions worthy of consideration have any representation, namely, those professionally interested in the teaching of nursing, the physicians who see the nurse at work in private homes, the public who employs the nurse and the nurses themselves being almost overlooked. In our opinion a report on this question overlooking these important factors could hardly be considered as carrying great weight.

As we go to press we are in receipt of the following letter from a head nurse of prominence, which is so apropos of the matter under discussion that we publish it in this department:

DEAR EDITOR—I enjoy immensely the articles, "Extracts from a Pupil Nurse's Diary." They are like T. R.'s "Big Stick"—they inspire and encourage others to "speak up."

Miss Addams's statements were not overdrawn from the patient's standpoint, although they probably were from the standpoint of the superintendent or the head nurse, who are too busy with the

"business" of nursing to know about the little details which are so important to

the patient.

Training schools are gradually drifting into a sort of "red-tape" contest, and are judged, in the profession, according to their method of winding the tape.

After thirteen years of nursing, institutional and otherwise, I am of the opinion that the only way to find out what kind of training our nurses are receiving is by practical experience as an ordinary seven-dollar-a-week patient, and I would suggest that those who are discussing this question take the "rest cure" (?) incognito occasionally in a hospital ward. It is the "up-to-date" method of inspection. Who is brave enough to do it?

A HEAD NURSE.

This suggestion in regard to the "rest cure" might be a valuable one to pass on to the next committee that undertakes to investigate our training schools and their methods.

#### We Want Your Opinion

THERE are several reasons why this magazine has continued to hold its lead in spite of the increased competition that comes with each year. One is that though vitally interested, yet we are merely onlookers at the course of events, and our position as a detached yet watchful spectator gives us a certain advantage in determining the right perspective and relative value of incidents which mark the progress of nursing affairs. Another reason is that we do not force our own opinions upon our readers, nor dictate to them. We know that nurses recognize the value of an exchange of ideas, and that in order to be at all times the vigorous exponent and defender of the best nurse and nursing "it behooves the nurse to get many another viewpoint than her own." Still another reason is that we try to give the nursing profession what it wants.

It has recently been suggested to us that the usefulness of The Trained Nurse would be greatly increased if we would publish less of the unimportant news of alumnæ associations and graduating exercises, etc., and devote the space thus saved to publishing a larger number of practical articles.

Of course it is not meant that we should give up news altogether. It was suggested that we should continue to print the reports of national societies and any important event, but it was pointed out that a nurse in one State was not interested to learn of the graduating exercises of some hospital training school in a State a thousand miles away.

Yet, on the other hand, from time to time we have had numerous compliments on our news department, and many nurses are delighted to read just such news items as those referred to.

We cannot please all our subscribers all the time, but there is no good reason why we should not please the majority of our subscribers most of the time. Therefore, we want your opinion. Write to us and let us know, shall we continue The Trained Nurse exactly as it is today, or shall we cut down the Nursing World to perhaps three or four pages of important news and devote the five or six pages thus gained to practical articles? Please send us a postal card expressing your wishes.

#### Notice

THOSE wishing to read the editorials from which Dr. Cabot quotes in his article in this issue, entitled "Is the Three Years' Course Unnecessarily Long?" will find them in the July, 1907, and November, 1907, issues of The Trained Nurse.

# In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### Graduate Nurses' Association of Conn.

The Graduate Nurses' Association of Connecticut, held its regular meeting at the Hotel Green, Danbury, Conn., on Wednesday, February 5, 1908, Miss R. Inde Albaugh, of Grace Hospital, New Haven, presiding. Dr. Bailey opened the meeting with prayer and an address of welcome to the Association.

The routine business was quickly disposed of and the subject matter of the meeting, district and visiting nursing, was most admirably handled by Miss Van Cleft, district nurse for the country district around Lakeville, Conn., and Miss Wilkinson, district nurse of Hartford. Miss Van Cleft, formerly of the Henry Street Settlement, New York, contrasted the work of the visiting nurse in the city and in the country, giving a bright, interesting word picture of what a day's work in each place might be.

Miss Wilkinson gave some statistics concerning District Nursing in Connecticut, describing the origin and development of the present management of various societies, and the nature and scope of the field of work in Hartford. Bright stories of her own and her assistants' experiences added to the interest and enjoyment of her talk.

A question box, with open discussion, followed. This feature is proving to be an interesting and valuable one in the meetings.

The arrangements for the meeting were in charge of Miss Gallagher, local councilor of the State Association, and were most excellently carried out. The splendid equipment and service of the new Hotel Green were at the disposal of the Association and were greatly appreciated.

A formal vote of thanks was tendered Dr. Bailey and the Danbury nurses for their hospitality.

The annual meeting will be held in Bridgeport, Wednesday, May 6, 1908.

#### Louisiana State Nurses' Association.

The Louisiana State Nurses' Association held its fourth annual meeting February 22, at 3 P. M., at the New Orleans College of Dentistry.

#### Buffalo, N. Y.

The regular monthly meeting of the Buffalo Nurses' Association was held Monday, February 3, at 3 o'clock, at the Women's Union. Mrs. William W. Armstrong, of Rochester, was present and spoke on "Probation Work Among Women." Mrs. Armstrong's address was most interesting and instructive and was listened to with marked attention by all present. Many Buffalo club women were guests of the association.

The musical programme was in charge of Mrs. Clara Thoms. Miss Florence Reid sang several selections, among them being a lullaby, the words of which were composed by Mrs. Henry Altman and the music by Mrs. Clara Thoms.

Miss Nellie Davis, superintendent of the Erie County Hospital, presided in the absence of the president, Mrs. Harriet Storck.

Miss Virginia Rau was elected to membership and the name of Mrs. Henry Altman was proposed for honorary membership in recognition of her work in establishing medical inspection in the public schools of Buffalo.

Preceding the meeting a luncheon was given at the Vincent Tea Rooms by the Executive Board in honor of Mrs. Armstrong. Other guests were Mrs. Henry Altman, Mrs. Frank Bliss and Mrs. Clara Thoms.

A half-hour reception followed the meeting, when all were given an opportunity to meet Mrs. Armstrong.

Refreshments were served by the social committee, Mrs. Jennie T. Anderson, Miss Antoinette Weber, Mrs. John L. Brodic, Miss Marie Coleman and Miss Helen Collins.

Buffalo is to have medical inspection of its public schools.

Two years ago, at the request of the Nurses' Association, the City Federation of Women's Clubs undertook the work and made Mrs. Henry Altman, chairman.

Mrs. Altman has been indefatigable in her efforts, and it is due to her that the appropriation for the work has been made. Other members of this committee were: Mrs. Frank Shuler, president of the Western Federation of Women's Clubs; Mrs. Edgar C. Neal, Mrs. William Justice, Dr. Jane Carroll and Miss Sylveen V. Nye.

The appropriation is for \$2,500, \$1,000 each for two physicians and \$600 for one nurse.

The work will probably begin in September and more physicians and nurses will be added later on.

Civil service examinations will soon be held for applicants.

Mrs. Harriet Dorr Storck, president of the Buffalo Nurses' Association, and Dr. Maud J. Frye, an honorary member of the association, have returned from a two months' trip, which included Washington, Baltimore, Philadelphia and Atlantic City.

The many friends of Miss Elizabeth Owen sympathize with her in the death of her sister. Miss Owen is the chairman of the financial committee of the association.

Miss Adelaide Marsden attended the midwinter meeting of the Western Federation of Women's Clubs, at Lockport.

Miss Edna Abbey, a graduate of Dr. Lee's private hospital, of Rochester, has located in Buffalo.

Miss Laura Flavin, a graduate of Mercy Hospital, of Buffalo, has recovered from a long and severe illness and has resumed her work.

Miss Margaret Kamerer, of Buffalo, is spending the winter in Chicora, Penn.

Miss Maude Caldwell, of Buffalo, has accepted a position in the Brooks Memorial Hospital, at Dunkirk, N. Y.

Mrs. Margaret Dreger, of the Buffalo General Hospital, was recently engaged to accompany a patient who was to be deported to Austria. Mrs. Dreger was in readiness to start the following morning when the patient escaped and has not yet been found.

Miss Helen Dawson is spending the winter in Seattle, Wash., with Dr. Mary Huntley and Miss Rachel Knott. Miss Marie Rausch, a graduate of the Sisters of Charity Hospital, has gone to Oklahoma City to reside.

The annual banquet which was announced in the calendars to be held in March, has been postponed to some time in April in deference to the members who observe Lent.

Buffalo now has fourteen training schools for nurses.

The March meeting of the association will be devoted to a discussion of ways and means for raising money for the "Club House Fund."

#### New York City.

The regular meeting of the Association of Graduate Nurses of Manhattan and Bronx was held at the Polyclinic Hospital, Monday afternoon, February 10, 4:30 o'clock.

The regular monthly meeting of the Alumnæ Association of the New York City Training School for Nurses was held, as usual, on the second Tuesday, February 11, at the Academy of Medicine, West Forty-third street. meeting was called to order by the president. Miss Pindell, and the minutes of the last meeting were read and approved. Miss Yocom and Miss Grace Forman gave a most interesting and encouraging report of the new registry. Other matters of business being attended to, Dr. Stowell was introduced and talked in an entertaining manner on the ways and means of broadening the nurses' outlook. After the lecture, as usual, an adjournment was made to the banquet hall, where Miss Grace Forman presided over a prettily arranged St. Valentine's Tea.

FLORENCE M. KELLY, R. N. Corresponding Secretary.



#### Camp Roosevelt.

On the afternoon of Wednesday, February 5, the regular monthly meeting of Camp Roosevelt was held at the home of Miss Edith Abrams, 115 West One Hundred and Twenty-seventh street. Mrs. Gaylor presided. The amendment proposed at the last annual meeting of the Spanish-American War Nurses to Article 1, Section 1, of the by-laws, adopted 1901, and amended 1905, was again freely discussed and unanimously voted on to be again presented at the next annual meeting. After all business on hand had been finished up an

adjournment was made and we were entertained with some delightful music and an elaborate "tea" presided over by Mrs. Abrams, one of the sweetest and prettiest of "mothers" we know. The next meeting of Camp Roosevelt will be held on Monday, March 2, 2:30 to 5 p. m., at Miss Charlton's, 596 Lexington avenue, and as this will be the annual meeting of the camp a large attendance is looked for.

FLORENCE M. KELLY, R. N.,

420 West One Hundred and Sixteenth street.

#### Blackwell's Island.

We present a drawing of the new Home for Nurses, now nearing completion, at the Metropolitan Hospital, Blackwell's Island, N. Y. This island is part of New York City, is situated in East River and reached by a ferry which takes about three minutes to cross the The new nurses' home, which is nearing completion, is located on one of the finest sites in New York City, and will give single rooms to all nurses, with spacious entrance hall, library and sitting rooms. The school is registered and offers a three years' course of training, giving an allowance of \$10 per month the first year, \$12 the second and \$15 the third year. Applicants must be between twenty-one and thirty-five years of age and have one year in high school, or its equivalent. Classes formed every two months.

AGNES S. WARD, Superintendent.

#### Brooklyn, N. Y.

At the annual meeting of the Brooklyn Hospital Training School Alumnae, held February 4, the following offices were elected for the following year: President, Mrs. Kelly; first



river. The island is about three miles long and one-sixth of a mile wide.

In 1651 it was granted to a Dutch officer, Captain Francis Fyn. In 1665 it was confiscated by the British, and in 1668 was granted to Captain John Manning, then in command of the fort situated at the Battery. Robert Blackwell married the step-daughter of Captain Manning. The island from that time was called after the Blackwell family, who held it until 1828, when it was sold to the City of New York.

It would be difficult to find a more ideal location for a hospital, surrounded as it is by water, with spacious grounds and beautiful trees. The Metropolitan Hospital, with a capacity of over 1,300 beds, is located at the north end of the island, and plans are at present under way to add buildings to accommodate 2,000 more patients.

vice-president, Miss Buchanan, R. N.; second vice-president, Miss Finneran, R. N.; recording secretary, Mrs. de Zouche, R. N., reelected; corresponding secretary, Miss Kerr, R. N.; treasurer, Miss Holt, R. N., re-elected; director, Miss Rothermund, R. N.

#### Alumnae Bazaar, Boston, Mass.

The bazaar held in Parish Hall, Trinity Church, Boston, in December, by the Alumnae Association of the Massachusetts General Hospital Training School for Nurses, to secure funds to endow a bed for sick nurses, was a most gratifying success. Rev. Dr. Mann kindly gave us the use of the hall, and the Associates of the Guild of St. Barnabas furnished the entertainment, which included performances of the Italian marionettes, music by the entertainment committee of the Sewing Circle League, and the Highland Club Or-

chestra of West Roxbury, and demonstrations of bed-making, etc. Many class reunions took place in the tea-rooms during the two days of the sale, and happy occasions they were. Following are the names of those who had charge of the tables and the amounts they made:

Fancy work, Miss Annie C. Carlisle., \$956.50

Bag, Miss Lilian H. Morris	320.61
Doll, Mrs. H. L. Burrell	242.70
Candy, Miss Ada McNab	225.76
Flowers, Mrs. G. A. Craigen	255.73
Household, Miss Annie C. Carstensen	204.00
Cake, Miss Rachel Bourke	119.02
Infants, Miss Bessie Fullerton	121.50
Tea-room, Miss Emma A. Anderson.	111.55
Advertisements, Miss Emma A. An-	
derson	160.00
Entertainment, Miss Mary Sargent	92.01
Palmists	60.75
Admission tickets	80.45

Total		0	٠		 			0		٠	0	0	.\$3,308.14
Disbursements													

Other receipts .....

Balance ......\$2,925.11

This amount added to the \$861.48 already subscribed by the nurses themselves, makes \$3.786.59, which is very near the sum of \$5,000 for which we are working.

ANNIE H. SMITH.

357.56

Business Manager for the Committee on Free Bed Fund.

#### Fall River, Mass.

The regular meeting of the Nurses' Alumnæ Association was held February 5, 1908.

The meeting was well attended and the regular business transacted.

Dr George L. Richards gave a very interesting, informal talk on his recent trip to Europe, and spoke at some length of the hospitals he had visited.

Light refreshments and a social half-hour followed.

LAURA W. Wood,

Corresponding Secretary.

#### Paterson, N. J.

The regular meeting of the Alumnae Association of the Training School for Nurses of the Paterson General Hospital was held on February 4, 1908. There was a large attendance.

Mrs. Jeanette Peterson, of Pasadena, Cal.,

was appointed as delegate to the Associated Alumnae convention in San Francisco.

Refreshments were served after the meeting adjourned.

#### + Philadelphia, Pa.

The graduation exercises of the Training School for Nurses of St. Mary's Hospital of Philadelphia took place on Tuesday, January 14, 1908, in the lecture hall of the hospital. The same was beautifully decorated with palms and flowers, the class colors of gold and blue prevailing everywhere.

Addresses were made by Dr. J. O. Kelly, medical director of the hospital, and Dr. William Zentmeyer, a member of the staff. The opening address was made by Dr. M. Howard Fussel, member of the staff.

The young graduates were honored with the presence of many members of the Alumnae Association as well as their friends. The diplomas were presented by the Reverend Mother Mary Immaculate, the provincial of the Order of St. Francis, who conduct the hospital.

The graduation pins were presented to the young graduates by Miss Frances J. Lundy the head nurse of the institution since the foundation of the training school.

Miss Helen Lynn delivered the farewell address; Miss Emma DeCray acted as class historian; and the graduation address was made by Dr. A. G. Downs, a member of the staff, who in imposing words laid before the young graduates the duties of their vocation, true to the motto: "Semper Fidelis."

Graduates — Emma DeCray, Dorothy Schaffer, Delia Anderson, Nellie Dugan, Mary O'Brien, Helen Lynn.

A banquet and dance followed the reception.

The regular stated meeting of the Nurses' Alumnæ Association of the Medico-Chirurgical Hospital was held on Wednesday, February 5, at the hospital, and was well attended.

The secretary is still receiving money from the sale of the tickets for the dance held in December, and reports a neat sum realized to be used for the endowment fund.

A vote of thanks has been tendered to the Misses E. B. Lobb and Gertrude Gerhard and Mrs. B. F. Schloss for their kindness in regard to the Nurses' Dance.

Three new applicants, the Misses Cadden,

Anwyl and Detwiler, have been received as members of the association.

After all the regular routine of business, tea was served and a pleasant time enjoyed by all present.

Mrs. Phaon J. Rex.

#### Kane, Pa.

A business meeting of the Alumnae of the Kane Summit Hospital was held Tuesday afternoon, January 28, at the hospital.

On account of the large number of members out of town on professional work, only a small number were present.

May Parsons, of Kushequa, class of 1907, who became the wife of Mr. Joseph Robson, of Niagara, where they have now taken up their residence. Miss Jessie Crawford, also of Kushequa and class of 1907, and Mr. Fred Ormundson, of the same place, had a quiet home wedding Sunday, January 19. Rev. Mr. Lusher officiated at the two last named weddings.

These nurses were destined to become stars in their profession, but instead they chose to shine in a different sphere. We wish them all godspeed.



BACK VIEW OF NURSES' HOME IN MANILA. Soledad and Miss Hansen in the boat. See "Reminiscences of an Army Nurse."

Mrs. Anna Stoll occupied the chair. A fair amount of business was disposed of, after which light refreshments were served by Dr. Mary Hayes, superintendent of the training school. Social chat was indulged in for some time, after which the meeting was formally adjourned.

The marriages of our graduates still continue. On November 25 Miss Jessie Rooney, class of 1906, became the wife of Mr. Max Schuch. Rev. Father Curley, of the Catholic Church, performed the ceremony. Wednesday, December 25, was the bridal day of Miss

#### Cincinnati, O.

The graduating exercises of the class of 1908 of the Cincinnati Hospital Training School for Nurses were held in the amphitheatre of the hospital on the evening of January 14, 1908.

The exercises consisted of addresses by members of the hospital staff and officers of the city administration. The audience was very large and appreciative badges and diplomas were presented to fifteen graduates.

A reception followed in the hospital library for the nurses and their friends. The following evening, January 15, 1908, the fifteenth annual meeting of the Nurses' Alumnæ Association was held at the nurses' home, and officers for the following year were elected.

Also the first steps were taken to create an endowment fund, providing a permanent bed for sick graduates of this school, each nurse being assessed the required amount. A committee was appointed with full power to act, and a much desired object is being finally achieved. The evening closed with a banquet in the dining room of the Cincinnati Hospital.

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#### Brainerd, Minn.

The graduating exercises of the Northern Pacific Hospital Training School for Nurses were held January 7, 1008.

The exercises of the evening were presided over by W. H. Gemmell, general manager of the Minnesota and International Railroad, who opened with a few well chosen remarks.

Rev. J. R. Alten, chaplain of the hospital, invoked the blessing of God on the exercises.

The annual report of the school was read by the superintendent, Miss Laura Whittaker. It told of the establishment of the school and the good work it had accomplished. Among other things Miss Whittaker said:

While we do not undervalue the importance of proper training, the more we have to do with training school work the more we realize that the best kind of training will never make a nurse, but only aid in her development; the distinctive qualities must be born in her.

Nurses are always under great obligations to the medical profession for counsel, instruction, and also for work. On the other hand, nurses are very necessary to doctors in the scientific care of the sick.

They may live without poetry, music and art, They may live without fame, just at the start, But to make a success, and to fill up their purses

Medical doctors cannot live without nurses.

Dr. J. A. Quinn, of St. Paul, delivered the address to the graduating class. The address was replete with good thoughts, being largely along the lines of the work of the nurses, dwelling on the duties and requisites of the nurses.

He paid the following tribute to the superintendent: "I congratulate you in having the opportunity to have been taught by Miss Whittaker, than whom no superintendent of a training school for nurses in any hospital in this country is better, and very few equal, either in scientific knowledge, teaching ability or attributes of womanly character. The success of her work is recognized and known to all connected with hospitals."

Rev. Father O'Mahoney delivered an address, in which he paid tribute to the work of the nurse.

The musical programme had been arranged especially for the class, which represents four nationalities, American, Canadian, Irish and Scotch.

The graduates are Margaret Louise Buchanan, Susan Vivian Miles, Mary Agnes Gaven and Elinor Elizabeth Rose.

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#### Colorado Springs.

The usual monthly meeting of the Colorado Springs Nurses' Registry Association was held in Grace Church Parish House on February 5. Miss L. L. Hudson was elected unanimously to succeed herself on the State Board of Nurse Examiners as representative from Colorado Springs and her name sent to the Governor for his favorable consideration.



#### Poughkeepsie, N. Y.

The annual business meeting of the Alumnæ Asociation of Vassar Brothers' Hospital Training School for Nurses was held at 24½ Academy street, on February 4, 1908. After roll call the minutes of the last meeting were read and approved, followed by the reports from the officers present. The election of officers was as follows: President, Miss Emily K. Shaw; vice-president, Miss Claribel Wheeler; treasurer, Miss Grace Palen; recording secretary, Miss J. Maude Rood; corresponding secretary, Miss Mary B. Ebert. Six new directors were appointed to take the place of the retiring six. Corresponding Secretary.



# Troy, N. Y. The regular monthly meeting of the Alumnæ ssociation of the Troy City Hospital was

Association of the Troy City Hospital was hold at that institution on February 3. The business of the meeting was to elect officers for the ensuing year. In the absence of the president the vice-president, Miss Graham, presided. The result of the ballot follows:

Directress, Sister Annie; president, Miss

Julia M. Littlefield, R. N.; vice-president, Miss Frances A. Galvin, R. N.; secretary, Miss Elizabeth C. Doyle, R. N.; treasurer, Miss Cecelia M. Toner, R. N. A vote of thanks was tendered the retiring officers for their excellent work during the past year.

ELIZABETH C. DOYLE, R. N.

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#### Personal.

The vacancy for General Superintendent of Training Schools at the Kings County Hospital, caused by the resignation of Miss Martha O'Neill, has been filled by the appointment of Miss Isabel Burrows of the Cumberland Street Hospital, Brooklyn.

Miss Burrows is a graduate of the Kings County Training School, and has been superintendent of the Cumberland Street Hospital Training School since the opening of that institution in 1902.

Handicapped by the inconveniences of an "infant" institution, Miss Burrows organized her school with a nucleus of seven or eight pupil nurses, and it was due only to her indomitable courage and perseverance that the present high standard of the school has been attained. With a grit and determination such as few women possess the mountains that rose in her path were made level and the clouds on the horizon of the future of the school turned slowly around and showed the silver lining. The difficult exigencies and trials of those earlier days are looked back upon now with triumph as they lie conquered, and the Cumberland Street Training School can raise its flag as second to none in Greater New York.

During her stay in Cumberland Street Miss Burrows has inaugurated many improvements. Everything conducive to the welfare and comfort of patients and nurses was at once sought after, and adopted, if practicable. Miss Burrows was instrumental in having the hospital registered under the State Board of Regents, in order that her graduates might be eligible for the certificate of "R. N." A course of lectures on massage by a professional masseuse is another feature of her foresight and zeal.

Having endeared herself thus to mer nurses—graduates and pupils—it was with feelings of mingled satisfaction and regret that the announcement of her appointment to a more extended field of duty was received.

Besides the large school attached to the Kings County Hospital, Miss Burrows will assume control of the nursing organization of Cumberland Street Hospital, Bradford Street Hospital and Coney Island Hospital, all of which come under the general administration of the Kings County Hospital.

Her pleasing personality and great executive ability make the success of Miss Burrows's administration doubly sure.

It was a wise head that selected this capable young woman for so responsible a position and the authorities are to be congratulated on the choice they have made.

While she takes with her the congratulations and good wishes of her school and friends, she will also take the regret of those whom she leaves behind, but there is some consolation in knowing that she will watch over them still like the proverbial "good angel."

A farewell reception was tendered to Miss Burrows on the night of January 13, at which the Training School Alumnæ, the Medical Board and staff of the hospital expressed their appreciation of Miss Burrows's services to the institution.

Dr. Orlando Ritch, on behalf of the Medical Board, presented to Miss Burrows an artistically engrossed testimonial.

Dr. Bacon, superintendent of the hospital, gave his employes carte blanche, and the small hours of the morning found many still enjoying themselves.

C. B.

Miss Margaret A. MacBride, of Montreal, Canada, a graduate of the Mary Fletcher Hospital, Berlin, Vt., and member of the Canadian Nurses' Association, and Miss Kathleen E. Steacy, of Montreal, Canada, are at the present time taking a course in the Swedish system of massage, medical and corrective gymnastics, at the Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.

Miss Daisy Barclay, graduate of Mercy Hospital, Des Moines, Class '03, after an extended visit with relatives in South Dakota, has returned to the city and resumed private nursing.

Miss Margaret J. Newcomb of Brookville, Pa., graduate of the Woman's Hospital, Philadelphia, Pa., fell December 26, breaking her ankle and injuring her foot very badly.

#### Births.

Born, to Dr. and Mrs. J. B. Sherbon of the Victoria Sanitarium, Colfax Springs, Iowa, January 14, twin daughters. Ars. Sherbon was formerly Miss Florence Brown, a graduate nurse, and for some time connected with the State Hospital at Independence, Iowa.

#### Marriages.

Married, in St. Louis, October 10, 1907, Miss W. M. Perkin, Spanish-American War nurse, graduate of St. Louis Training School for Nurses, to Mr. M. M. Garrett. At home, Thermopolis, Wyoming.

Mr. and Mrs. Alfred Williams announce the marriage of their daughter, Nellie, to Mr. Lewis Frederic Heckman, Sunday, February 9, at Cleveland, Ohio. Mrs. Heckman is a graduate of Aultman Hospital Training School, class of 1900. Mr. and Mrs. Heckman will make their home in Akron.

#### Obituary.

Miss M. M. Paterson, a graduate of the Montreal General Hospital Training School for Nurses, died of typhoid fever at the American Hospital, Mexico City, Mexico, December 30, 1907. Miss Paterson had done private nursing in Mexico City for the past five years, and was beloved by all who knew her. The nurses of Mexico, her friends and patients, have suffered a great loss. The remains were interred New Year's morning in the British Cemetery, Mexico City.

It is with deep regret that we announce the death of Miss Florence Hill, graduate of the German Hospital Training School, Brooklyn, New York, class of 1904.

She died at her home, Brantford, Ontario, Canada, on November 23, 1907, after a long illness, borne with patience and fortitude and sustained by an unfaltering trust in Him who doeth all things well.

At a meeting of the Alumnæ Association the following resolutions were adopted:

WHEREAS Our dear classmate and coworker has passed into the great beyond; be it RESOLVED, That the association has lost one of its most conscientious and faithful members, one whose life was an example of unselfishness and love, a comfort to her classmates and friends; be it further

RESOLVED, That we extend our sincere sympathy and condolence to her mother and sisters in their great bereavement.

RESOLVED, That a copy of these resolutions be sent to her family, placed on the minutes of the association and published in the magazines of nursing.

LOUISE H. MUHLICH,
DELLA V. KNIGHT,
MARY D. JENKINS,
Committee.

The city of Stratford, Ont., was profoundly shocked at the sudden death of Miss Chilman, the much loved lady superintendent of the General Hospital, which occurred January 8, the result of a malignant form of la grippe.

Miss Chilman had been for the past nine years lady superintendent of the hospital, in which position she had won the love and esteem of the community by her beautiful personal qualities, her kindness and skill and her ability in managing the affairs of the large institution.

At a meeting of the Hospital Trust the following resolution was adopted:

"The members of the City of Stratford General Hospital Trust are shocked at the serious 1 ss to the community occasioned by the sudden death of Miss Chilman, the lady superintendent of the institution, whose affair: she has advised and assisted them in administering for many past years. Miss Chilman possessed exceptional abilities, not only in the profession of nursing, but necessarily as a foremost executive officer. It is mainly to her that the public are indebted for the high character our institution has attained among the public hospitals of the province. She introduced many new features of value in practice here and developed every branch of the service to the utmost degree of efficiency. She was wise and prudent in mind and manner, so that difficulties which constantly arise in dealing with interests diverse in their nature were always harmonized, and pleasant relations were constantly maintained between all who are concerned in hospital work."

# The Editor's Letter-vor

#### A Practical Way to Use "The Trained Nurse."

To the Editor of The Trained Nurse:

Among the great and constantly increasing number of periodicals that come into our houses, there are many which, when once read, may be given away or destroyed without a regret, since their contents, while interesting or timely, have no permanent value. however, a magazine is composed chiefly of highly instructive articles, by specialists in the subjects of which they write, articles which give information later than the best text-books on the same topics, and which can be obtained in no other way, such a magazine is not lightly to be thrown aside. This is the case with THE TRAINED NURSE, which brings, month by month to the women in the nursing profession news of the latest discoveries and methods in their world. The magazine is eagerly read upon its arrival, but many fine series of articles or single papers are worth referring to many times, as the nurse meets situations in which they can be of practical help to her; but this means a steadily growing pile of magazines, very often in quarters where every inch of room must be utilized to the best advantage. It also means a hunt through the accumulation of perhaps several years to find the half-remembered article that is desired. An index, under subject headings, in an alphabetized book, is a valuable help, but the whole file must still be kept for reference. Having, however, hit upon a way in which to turn my magazines into a reference library which is a constant source of pleasure and help to me, it has occurred to me that other nurses may be glad to know of it.

After reading each month's issue of The Trained Nurse, I take it to pieces, removing the binding wires so that the leaves are not injured, and separate the articles of permanent interest from those which I shall not wish to refer to again. These articles of permanent value are placed together according to their subjects, and bound back in the magazine covers, using for the purpose the brass manu-

script binders which have two tongues that separate and turn down after passing through the back cover. On the front of each cover is written the subject of the articles contained within, and as new articles on that subject arrive they are added to the little volume, until the cover is full, when a new one is started. Of course, one may use covers as elaborate as she desires, but using the original covers saves time and trouble, and they will stand a good deal of service.

The subjects in my collection are broad "Fevers," "Pulmonary and Cardiac Diseases," "Mental and Nervous Diseases," "Diseases of Digestion and Elimination," "Surgery," "Obstetrics," "The Diet Kitchen," Articles on such subjects as hydrotherapy, symptomatology, bacteriology and the like are gathered under the heading "Methods," and general advice to nurses, together with the stories of real life that one desires to keep on account of their human interest and the light they throw on the nurse's life, have the heading "General Nursing and Experiences." Subjects occasionally overlap; an article may belong both in "Fevers" and "Contagious Diseases," for example, but classification is usually very easy. The most troublesome feature of this book-making is that a leaf will sometimes have on one side the end of an article that belongs under one heading, and on the other the beginning of one quite different. In this case I copy the former, which is often only a paragraph or two, on a sheet of paper the same size as the pages. It only requires a few The entire work to be done each moments. month is the merest trifle, but when the collection has had a little time to grow it forms a reference library of unique interest and value; one that requires little space, that money cannot buy, and that helps to solve many a problem for the nurse busy with practical work, yet anxious to keep up with the times, and to make use of every ray of light thrown on her path by those engaged in the same great fight with the powers of disease and death.

MINNIE GENEVIEVE MORSE.

#### Influenza.

To the Editor of The Trained Nurse:

There is at present in this neighborhood a pronunced epidemic of influenza (I think influenza a better name than "la grippe"), but with a low fatality. It is interesting, from the point of view of epidemiology, to ascertain if this be generally diffused. From the historical point of view it is a fact that a widespread mild influenza epidemic has nearly always, perhaps always, been the precursor of a more malignant epidemic of some form in the following Fall. I do not connect them as cause and effect, but if the fact is universal they point to some common cause.

Will you invite the profession to report their experience as to the prevalence of influenza? and communications thereon to the undersigned will be highly appreciated by,

Yours very respectfully,
M. R. Leverson, M. D.,
927 Grant Avenue,
Bronx, New York.

The Questions of Fee and Course.
To the Editor of The Trained Nurse:

I have been interested in reading the articles on the fee question. I feel sure until this matter is viewed in a just way the question of getting skilled nursing for the middle class will never be successfully arranged. The one hinges on the other, and until trained nurses will nurse this class for a moderate fee, those women, half-nurse and half-house help, will continue to be employed. Justly speaking, why should a clerk be charged as much as the head of the firm, who is able to pay twice as much and not feel it? Yet one is deserving of as much care as the other. I, for one, think that nurses should charge according to the circumstances of the patient. mates of a home, nurses can fairly judge the financial standing of their patients and act accordingly. I always charge patients what I think they can pay, and I have never yet found one of those "make believes."

The question of the length of course of training is also a problem. I think that two years is long enough to give a thorough training in the essentials of nursing. I know from seventeen years experience in private duty and district work that part of my teaching is called constantly into practice, and part rarely so. I would not seem to dictate to

those supposed to know more about the matter than myself. Yet I know one thing full well, that by the time a nurse puts in three years' hard work, at the end of the three years she comes out of the hospital to start on her own responsibility, in many cases almost broken down in health. There are exceptions, I admit, but it takes exceptions to prove the rule. In my mental vision I have a curriculum for training, but will keep it to myself for the present, as it might get trampled upon by the high and mighty.

A PIONEER NURSE.

#### Helping the Undertaker.

To the Editor of The Trained Nurse:

I would like to ask "New Haven Nurse" and others if it is a general practice to charge for helping the undertaker? To me it seems heartless and horrible, at the time when we should be doing our utmost to comfort and help. The majority of nurses whom I have helped prepare a body for burial have shocked me beyond words with the disrespect they show the body. They will strip it naked and make a superficial dab for a bath. Do they ever think of the day when some stranger does this office for their loved ones or themselves?

I will never forget the first body I ever saw prepared, and the tenderness and respect with which it was done by our superintendent, Miss Charlotte McLeod, a lady always. Perhaps I am a little cranky on this subject, but charging for such a thing seems dreadful, unless you go to the house with the undertaker as his assistant, which I often do. Then I charge as for any other regular call. Some of my happiest moments have been when I have been where I have been thanked for doing these things for some loved one, by those who were unable to do it themselves.

GRACE MARION PRUE, Visiting Nurse.

#### The Question of Fee.

To the Editor of The Trained Nurse:

As a trained nurse, and reader of THE TRAINED NURSE AND HOSPITAL REVIEW, may I put in my two cents on the subject of what a nurse should charge for her services? I have been nursing twenty-one years. During that time I have had as patients all sorts of people, with all sorts of diseases, for all sorts of price, from nothing a week to \$5 a day. I

HE prime requisite in the successful feeding of invalids is individual-This, in its practical application, means adaptation of nourishment to the particular needs and digestive capacity of each Nurses, on whom so much depends in the proper feeding of the sick and convalescent, will find in

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have had my patient say, "Nurse, you are worth your weight in gold at any price" (and I am not by any means a featherweight), when they were paying \$5 a day, and I have had them when they could afford to pay a good deal more, find fault when I have charged a good deal less. As to the nurse's wages: In the first place, is not the "workman worthy of his hire"?

Speaking from my own experience, and I know there are hundreds in my position, the trained nurse is pretty much like other women who work for a living. We work not only for self-support, but a great many of us have some one else depending on us, some of us more than one. We are not only sick ourselves, but we have sickness in our families. Socially and in every other way, as far as my experience goes, we have as many calls upon our purses as any other member of society.

I venture to say that eight nurses out of every ten are employed only six months on an average out of the year, at an average salary of \$20 a week. Of course there are exceptions. For the money we receive for six months' work we must provide for ourselves in sickness and health for the whole year and for those dependent on us. We must keep ourselves decently (not elegantly) clothed, both in and out of the sick room, and "lav up" enough to keep us when we are no longer able to earn our living in our profession. And this we are told we must do in ten short years, for the average life of a nurse (I am an exception) is ten years, they say, though I have known a great many who did not last that long. In speaking on this subject (the nurse's salary) to a physician, he said to me, "But, Nurse, a great deal of my work I know I will never be paid for and I do it willingly for charity." "Yes, doctor," said I, "but while you are attending five patients for charity you are attending six times that many for cash, while the nurse is giving up and perhaps losing forever one of her best paying patients, while she is working for some one for nothing, or next door to nothing." And this we cannot afford to do. We must live.

A TRAINED NURSE.

#### From North Dakota.

To the Editor of The Trained Nurse:

It is with pleasure I send my renewal. After I have read The Trained Nurse from cover to cover I pass it on to the public library, which in a small town is always glad of up-to-date magazines.

I came to Grand Forks from Minneapolis just one year ago. I would like to say for the benefit of others making their own living that I have made here \$200 over any of the previous nine years of nursing, as well as having a much wider experience.

There are twenty-five or thirty nurses in Grand Forks, but yesterday a patient was taken to the hospital because there was not a nurse off duty. We are called as far as Minot, 200 miles out, and on the branch lines north or south. Some of the small towns have one or two nurses, but many times more are needed.

The weather this Winter is delightful and, take it altogether, Dakota, or I might say North Dakota, makes one "happy, wealthy and wise," if you want to be so. With all good wishes for the continued success of The Trained Nurse this coming year, I am,

Your well wisher, E. G. L.



#### The Record.

To the Editor of The Trained Nurse:

The views of another nurse as to who should keep the record: Am a graduate and subscriber to The Trained Nurse, and have been very much interested in the question of who should keep the record. If the doctor furnishes the blank, the record belongs to him. If the nurse furnishes the blank, then the record belongs to the nurse. That blank is an article that she has bought and paid for, and only does professional courtesy require her to give it to the doctor at the termination of the case, should he care to have it. The record belongs to the nurse if she chooses to keep it, and if she furnishes the blank.

Very truly yours,

A GRADUATE.

NOT ALL TALK

CUELANS

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## Book Reviews

Bacteriology in a Nutshell, a primer for junior nurses, compiled and arranged by Mary E. Reid, graduate nurse, formerly superintendent Thomas Hospital Training School for Nurses, Charleston, W. Va.; assistant instructor in general nursing, Woman's Branch of the German Hospital, Cincinnati, Ohio; principal of the Training School and superintendent of nurses, Charleston General Hospital, Charleston, W. Va., 1905-07. Revised and enlarged. Price 55 cents, post paid. For sale by Lakeside Publishing Company.

The second edition of this valuable book is considerably larger than the first edition. It has been increased by fifty pages, and has been carefully gone over and corrected page by page.

The book is compiled for junior nurses, but, while elementary, it is at the same time sufficiently full and clear to be of value to all nurses. It consists of eight chapters, of the following headings: "Brief History of Bacteriology," "The Relation of Bacteria to Disease," "Description of the Most Important Bacteria," "Bacterial Invasion," "Common Communicable Diseases," "Bacteria in Surgery," "Solutions, Their Preparation and Uses," and "Hygiene for Nurses."

At the end of each chapter there are questions reviewing the contents of the chapter. The type is large and clear and the cover flexible, so that it is an easy book to carry with one to a case.

There is also a better edition, with stiff covers, for \$1.10.

It gives us pleasure to recommend this work to the nursing profession.

A Manual for Hospital Nurses, by Edward J. Domville, L. R. C. P., London, M. R. C. S., England, surgeon to the Royal Devon and Exeter Hospital and to the Exeter School; lecturer and examiner to the St. John's Ambulance Association; ninth edition. For sale by the Lakeside Publishing Company. Price 75 cents, postpaid.

When a book has reached the ninth edition

it is a work of supererogation to state that it is good and useful, for it has been proved to be so.

The older nurses will remember this book which, ten or fifteen years ago, was as much a standard in the United States as it has ever been in England. As the methods of training in England and the United States began to diverge, and as American nursing works began to appear on the market, the sale of this book dropped off, but with its revision and ninth edition we believe that it has been put in condition to again take its place on the American market.

The arrangement of this book is entirely different from that of any other nursing work on the American market with which we are acquainted, and is as follows: First comes an introduction divided into four headings: "The Nurse's Duties as Regards Herself," "The Nurse's Duties Toward Her Superiors," "The Nurse's Duties Toward Her Fellow Nurses," "The Nurse's Duties Toward Her Patients."

Next is a section on ordinary cases, beginning with ventilation and bed-making, and going down through the administration of medicine, hypodermic injection, etc., taking in all of the ordinary duties of the nurse.

Next follows a section on extraordinary cases, devoted largely to accidents and emergencies, operations and treatment of special cases, not forgetting a few pages on antiseptic solutions, upon which subject nurses seem a little weak.

The book closes with an appendix, taking in such subjects as the preparation of foods and remedies, bandages, baths, weights and measures, and glossary. Our only criticism is that some of the subjects treated in this appendix would have been better arranged if they had been grouped with the subjects treated under the first section. This slight fault does not mar the usefulness of the work as a whole. The book is small and can be readily carried to a case. We advise its purchase.

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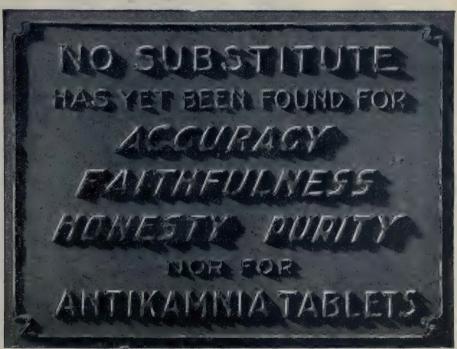
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# The Hospital Review

#### Mount Sinai Hospital.

The following interesting facts are taken from the annual report of Mount Sinai Hospital, which was read by the president, Mr. Isaac Stern, at the annual meeting held in Ianuary:

There have been, in round numbers, almost 100,000 patients treated in the hospital since it was founded—strictly 98,022. There was a small decrease in the number of cases treated this year, compared to the previous year, due to the fact that the hospital was being renovated and repainted, and at least one of the wards was in disuse all the time.

To the dispensary many more persons came than to the hospital proper. On some days the number of patients treated exceeded 900, and during the year more than 175,000 consultations were given and more than 150,000 prescriptions dispensed. The cost of maintaining the dispensary was \$28,000 and the receipts only \$18,007, leaving a deficit of almost \$10,000. The dispensary has joined with other dispensaries in the warfare upon tuberculosis, and with each patient suffering with that disease it will send out a visiting nurse to instruct the patient at his home in the proper care of himself and in the avoidance of practices likely to infect those associating with him.

In the Pathological Department active research work is continually done in the higher problems of modern medicine, and a number of important contributions to scientific medical literature have emanated from the department, and several exhibitions of scientific work have been made before medical societies. There is also a Radiographic and an Anæsthetic Department, and a Social Welfare Department has also lately been added through the generosity of Mr. Paul M. Warburg, who provided a sum for the purpose. Advice and assistance are given to patients who, when leaving the hospital, require aid during convalescence. A trained social worker visits patients in their homes, keeps in touch with their needs, and places them in contact with agencies which can render them financial assistance when they require it.

A system of investigation of all cases where there appears to be some doubt as to the just claim for free treatment has been inaugurated. This will enable the hospital to discover cases of fraud and misrepresentation. The percentage of such cases, it is reported, was less than was generally supposed.

The State Charities Commission has placed the hospital in the class A1, the highest attainable, as to general condition and efficiency of service. The report on the dispensary also commends its high efficiency and general excellence.

The receipts of the hospital for the year was \$351,827.19. The main items of this sum were about \$103,000 from membership, about \$113,500 from pay patients, \$18,000 from the dispensary, \$8,400 from the Saturday and Sunday Association (the highest amount awarded), about \$14,500 from donations, \$51,709 from the city, about \$12,000 from interest. There were many minor items.

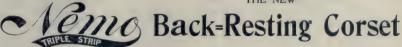
The disbursements, which amounted to \$383,057.48, included a little over \$116,000 for food, about \$32,000 for improvements and repairs and \$28,000 for the dispensary. The disbursements showed an increase of \$26,336.85 over those of the year before, due, it was said, to the advanced cost of food, coal and other supplies. To make good the deficiency, the sum of \$31,230 had to be borrowed from legacies' and bequests, which should have been placed to the credit of the permanent fund. Though the membership shows an addition of 463 new members, the loss of contributors was greater, and the present membership is reduced actually by 332 from last year.

#### Iowa State Sanitarium.

The new Iowa State Sanitarium for the treatment of tuberculosis, located near Iowa City, Iowa, was opened February 1. Several patients were on hand for the opening, and a large number of applications for treatment

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have already been made. The present quarters accommodate about eighty, and are comfortable and strictly modern in every particular. The State Board of Control has appointed 216 Iowa physicians as examiners for the sanitarium, the physicians to receive a fee of \$3 for each examination, to be paid by the pa-Under the law these physicians will examine persons who desire to go to the institution, and will issue certificates as to the exact condition of the patient. If they are suffering from incipient tuberculosis they will be admitted for treatment. Poverty will not be a bar to entrance, but all persons having means to pay cost of treatment will be charged \$30 per month. Dr. Kirscher, late of Pennsylvania, who has had large experience in this line of work, is the superintendent in charge.

#### Iowa University Hospital.

Iowa State University Hospital, at Iowa City, has lately become the recipient of \$5,000, donated by Mrs. Helen J. Gifford, who lately died in that city. The gift is for use in establishing a free room in the hospital as a memorial to her son, Walter L. Gifford. In the gradual administration of her estate she provides by will for the addition of \$20,000 more to the fund already given.

#### James Memorial Pavilion.

One of the most interesting features at the Northampton (Mass.) State Hospital, and one which is regarded as of great value in the work of the institution, is the James Memorial Pavilion, which has recently been opened. The building was erected in honor of the late Lyman D. James, of Williamsburg, who was for many years a devoted and efficient member of the Board of Trustees of the hospital, and is presented by Mrs. James. The building is of

attractive architecture and finish. Its plan is somewhat that followed in the erection of armories, with a head house, backed by the long, narrow shed containing the bowling alleys. As the visitor enters he faces the alleys. which extend back from the lobby, and on either hand are two commodious recreation rooms. The reading room on the right is suitably provided with books and magazines, and its equipment, like that of the game room, includes a fireplace of good size. In the opposite room the minor games, like cards and checkers, may be played, and a pool table will soon be established there. Opening from each of these two rooms is a smaller room, one of which is occupied by the man in charge and the other used at present as a storeroom. The interior of the head house is tastefully finished in stained woods, with which the mission furniture harmonizes effectively. A bronze memo rial tablet in honor of Mr. James, which has been ordered, will be placed above the fireplace.

Dr. J. A. Houston, the superintendent of the hospital, regards the usefulness of the new establishment in providing recreation for the inmates as very great.

#### Germantown Dispensary.

The Germantown (Pa.) Dispensary and Hospital took title February 3 to a large lot near its present building, and, it is said, contemplates the purchase of more ground, which will be used as the site of additional buildings. The ground to which title was taken is on the southeast side of Penn street, southwest of Chew street, and was purchased from James F. Magee, Jr., for a consideration of \$10,000. The lot covers an area measuring 250x irregular feet and represents an assessed valuation of \$6,500.

#### Personals.

Miss Sarah L. Cook has resigned her position as superintendent of the Culver Union Hospital, Crawfordsville, Ind., on account of ill health. Miss Cook has been in charge of the hospital for several years and during her residence there has made many warm friends. She succeeded Miss Edna Humphrey, who was the first superintendent of the hospital.

Miss Effie Simmons, N. T. S., Class '07,

Homeopathic Hospital, Iowa City, is taking a much needed rest at her home in Wellman, Iowa, before locating for private practice.

Miss Katharine Rehstimer, a graduate from Crescent Sanitarium, Class '05, of Evansville, Ind., is taking a course in massage-hydro-therapy and mechano-therapy at the Pennsylvania Orthopedic Institute of Philadelphia.

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### **Lactated Infant Food**

Wherever it is known, the medical profession recognizes it as the only adequate substitute for mother's milk. It never fails to improve the general health of every infant to whom it is fed. We will be glad to have you try it at our expense.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses

WELLS & RICHARDSON CO. BURLINGTON, VT.

#### In the Aursing World—Continued

The Minnesota Bill.

A bill for an act to provide for State registration of nurses and the licensing of persons as registered nurses. Be it enacted by the Legislature of the State of Minnesota:

Section I. It shall be unlawful for any person to practise professional nursing as a registered nurse in this State unless such person shall have first obtained a certificate of registration as provided in this Act.

Section 2. A Board of Examiners to consist of five persons, one of whom shall be a regularly licensed physician, is hereby created to carry out the purposes and enforce the provisions of this Act. Said Board shall be appointed by the Governor and the other appointments shall be made from nurses engaged in active work who have been graduated for at least a period of five years from reputable training schools, and whose course of training is not less than three years' duration in actual hospital service; provided that there shall always be two of said members on said Board selected from nurses who have had at last two years' experience in educational work among nurses, or who have had two or more years' experience in the instruction of nurses in training schools, and provided further, that after the appointment of the first Board, the nurses appointed on each succeeding Board shall be appointed from the nurses registered under this Act.

Section 3. Each member of said Board shall serve for a term of five years and until his or her successors are appointed and qualified, except in the case of the first Board, whose members shall hold office as follows: One member shall be appointed to hold office one (1) year; one for two (2) years; one for three (3) years; one for four (4) years; and one for five (5) years. Each member of said Board shall give a bond in the sum of \$1,000, with securities to be approved by the Secretary of State, conditioned for the faithful performance of his or her duties, and shall take the oath provided by law for public officers. Vacancies upon said Board caused by death, resignation or expiration of the term of any member thereof shall be filled by appointment by the Governor.

Section 4. Said Board shall elect from its members a president, a secretary and a treasurer, and shall have its headquarters at the State capitol; shall have a common seal, and the secretary and president shall have power to administer oaths.

Section 5. Each member of said Board shall receive a compensation of five (\$5.00) dollars per day for each day of actual service and ten cents (10 cents) per mile for each mile actually traveled in attending the meetings of the Board, which compensation shall be paid out of any moneys in the hands of the treasurer of said Board; provided that said compensation and mileage shall in no event be paid out of the State Treasury.

Section 6. Any money in the hands of the treasurer at the end of any year, in excess of two hundred and fifty (\$250) dollars shall be paid over by said Board to the State Treasurer to be kept by him for the future maintenance of the Board and to be disbursed by him upon warrants signed by the president and treasurer of said Board.

Section 7. Said Board shall hold public examinations at least once in each year at St. Paul, Minn., and at such times as it may determine, and notice of the time and place of such examinations shall be given by a publication thereof at least ten (10) days before such examination in a daily newspaper published at the capitol of the State, and said Board may give such other notice as it deems advisable. Any person desiring to obtain a certificate of registration under this Act shall make application to said Board therefor, and shall pay to the treasurer of said Board an examination fee of five (\$5.00) dollars and shall present himself or herself at the next regular meeting of said Board for examination of applicants, and upon said Board being satisfied that the applicant is (1) of the age of twenty-one years or over, (2) of good moral character, (3) has received an education equivalent to that required for admission into high schools of this State, and (4) has graduated from a training school connected with a general hospital where three years of training with a systematic course of instruction is given in the hospital, or has graduated

# Antithermoline

A Superior Surgical Dressing

Made from the best quality of imported Welsh Kaolin



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

FREE to Nurses—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

G. W. CARNRICK CO. 42 Sullivan Street :: :: New York City

from a training school in connection with a hospital of good standing supplying a systematic three years training corresponding to the above standards, which training may be obtained in two or more hospitals, said Board shall proceed to examine said applicant in both theoretical and practical nursing, and upon such applicant passing said examination to the satisfaction of said Board, said Board shall enter said applicant's name in the register, hereinafter provided for, and shall issue to said person a certificate of registration authorizing said person to practise the profession of nursing as a "Registered Nurse."

Section 8. All nurses graduating prior to January I, 1910, possessing the above qualifications, shall be permitted to register without examination, upon payment of the registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training schools connected with a general hospital or sanitarium giving two years' training, or prior to the year 1897 having given one year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this Act, or have been engaged in nursing five years after graduation, prior to the passage of this Act, also those who are in training at the time of the passage of this Act, and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made before January 1, 1910.

Section 9. Graduates of training schools in connection with special hospitals, giving a two years' course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without examination before January 1, 1910, or said graduates shall be eligible for registration prior to said date upon passing a special examination before the Board of Examiners in subjects not adequately taught in the training schools from which they have been graduated.

Section 10. Any applicant who has pursued as a business the vocation of nursing for a period of not less than five years prior to the

passage of this Act, and who presents to the Board a certificate testifying that he or she is competent to give efficient care to the sick, said certificate to be signed by one licensed physician and two registered nurses, shall be entitled to take a practical examination for State registration only during the two years immediately following the passage of this Act.

Section II. The Board of Examiners may issue license without examination upon the payment of five (\$5.00) dollars registration fee to applicants who have been registered in other States having equal requirements.

Section 12. This Act shall not be construed to apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse.

Section 13. Said Board shall keep a register in which shall be entered names of all persons to whom certificates are issued under this Act, and said register shall be at all times open to public inspection.

Section 14. A person who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation R. N., or any other letters or figures to indicate that he or she is a registered nurse.

Section 15. Said Board of Examiners may revoke any certificate for suffcient cause, but before this is done the holder of said certificate shall have thirty (30) days notice, and after a full and fair hearing of the charges made by a majority vote of the whole Board the certificate may be revoked.

Section 16. Any person violating any of the provisions of this Act, or who shall will-fully make any false representation to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and upon a conviction shall be punished by a fine of not more than one hundred (\$100.00) dollars and not less than ten (\$10.00) dollars.

This Act shall take effect and be enforced from and after its passage.

# The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

#### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

#### The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

#### The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys' Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

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TORONTO, CAN. LONDON, ENG. NIAGARA FALLS, N. Y.

# A Drink in Fevers

A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

#### Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

# New Remedies and Appliances

#### Praise from the Tropics.

I take pleasure in stating that I have used your Resinol Ointment in several cases of eczema, and have obtained the most gratifying results in every one of them.

P. DEL VALLE, M. D.

San Juan, Porto Rico.

#### Wakefulness.

Five drops of Horsford's Acid Phosphate in half a glass of water, taken just upon retiring, will in many cases give a dreamless and refreshing sleep, where a much larger quantity might be found to prove an excitant rather than a sedative.

#### A Most Sustaining Nutrient.

Bovinine is exactly indicated as a superior food and tonic in all diseased conditions and at all ages. It is not antagonistic to any medication, nor does it disturb the most delicate stomach. As a rectal feeding it will sustain a patient longer than any other nutrient.

#### In Nervous Diseases.

In the weakness and lassitude incident to many nervous and mental diseases, Horlick's Malted Milk makes an excellent reconstructive. It has no tendency to constipate or produce a bilious condition like ordinary milk, but is easily digested and assimilated, satisfying every nutrituve need of the system. It contains a due proportion of muscle, bone, nerve and brain-building food elements.

#### To Keep the Hair from Falling Out.

"A visit to a well known physician, and another to a famous hairdresser, 'each of whom was asked this question, "What shall be used for washing the hair when there is an inclination on its part to fall out?" resulted in the same answer from each: "Use Packer's Tar Soap for washing the hair." It was said to strengthen the hair, to keep it from falling out, and to be cleansing."—ISABEL A. MALLON, Ladies Home Journal.

#### The Passing of Winter.

With the passing of Winter many an individual without being actually sick is still weak and debilitated, tiring easily, with greater or less susceptibility to every changing wind. The intelligent physician promptly overcomes this condition by suitable medication, and no more efficient tonic can be employed than the well-known Gray's Glycerine Tonic Compound.

#### Treatment of Dropsy.

Case 4—John R., forty-two years of age. Has been a spreer. Hypertrophic cirrhosis of the liver. Mitral regurgitation; albumen, hyaline casts and granular casts found in the urine. The effusion was so great into the abdominal cavity that it was necessary to aspirate. Four gallons of fluid withdrawn, producing very decided relief, showing evidence a few daws thereafter of the return of the edema. He was placed upon anasarcin as above described, in connection with tonics, and has been comparatively comfortable ever since.

Louisville, Ky.

#### Possesses Many Advantages.

In phthisical patients the well known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions, while at same time controlling or alleviating the cough and other distressing conditions.

Some time ago my attention was called to a preparation composed of a solution of heroin in glycerine, combined with expectorants, called Glyco-Heroin (Smith). Each teaspoonful of this preparation contains one-sixteenth grain of heroin by accurate dosage. It is of agreeable flavor, therefore easy to administer to children, for whom the dose can be easily reduced with any liquid, or by actual measurement. It possesses many advantages not shown by any other preparation.

ARTHUR B. SMITH, M. D.

Springfield, O.

## The Dangers of Cow's Milk

THE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlés Food, we will be glad to send to any physician.

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Swedish Movements, Medical and Orthopaedic Gymnastics Tuition Fee, \$60.00 Term: 3 Months

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HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL (Pennsylvania Orthopædic EDITH W. KNIGHT Institute).

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MAX J. WALTER, Superintendent

#### Six Years of Pulvola Prescribing.

I have prescribed Pulvola Toilet Powder during the past five or six years, and will state to you, frankly, that it is the best toilet powder that I know of. I have often thought it would be convenient if I had samples to give my patients, and just now I saw your ad in Albright's Office Practitioner, offering to send samples for the obstetrical bag. I shall be pleased to make good use of as many such samples as you may wish to send me.

FREDK. E. WILCOX, M. D.

Willimantic, Conn.

#### Sextonol (Schering).

Critic & Guide, Jan., 1907, discusses "The Nomenclature of Proprietary Remedies" and refers, as illustrative example, to sextonol. The word saves the trouble of writing "tabellae e sodii, calcii, ferri, mangani, quininae et strychninae, glycerophosphatibus" with the quantities. An attempt was made to get a druggist to prepare such tablets, but they deliquesced on the following day. An investigation disclosed that the apothecary had only the glycerophosphates of lime and soda in stock; he therefore left out the iron and manganese and used the sulphates of strychnine and quinine instead of the glycerophosphates. Besides, the prescription cost much more than the sextonol tablets do.

#### Just Notice This—Please!

Ogden & Shimer, Calgary, Alta, Canada. Middletown, N. Y.

Dear Sirs—Enclosed find an order for 75c. for which please send Mystic Cream to the following addresses..... This is my fourth pot of your cream and I think it is well named, for I am always finding new uses for it, and it usually proves effective. A mother ran to me the other day with a screaming child who had skinned its eye in a fall, from the eyebrow to the lashes and along the outside of the eye.

Mystic Cream was the nearest thing I had at the time, and I applied it liberally and was surprised that the eye did not change color in the least. The mother was more surprised as the child is very fair, and she says the least knock leaves the skin black in a short time. By the next day the bruise was nearly healed. She is sending for a

pot so as to have it for future use. If you wish you may use this for the benefit of others.

Miss A. E. Scott, Nurse.

#### Anemias of Childhood.

Pepto-Mangan (Gude) is a very valuable tonic in childhood, and unlike so many of the ordinary hematinics it can be given with impunity to the youngest infant. It has marked alterative properties, and in strumous or marasmic conditions it is especially valuable. It is absorbed rapidly, and is never rejected by even the weakest stomach.

In early life its administration is best affected by giving it in milk, and the dose should range from ten drops to two teaspoonfuls, depending, of course, on the age of the patient.

#### The Coughs Following Grip.

Dr. John McCarty (Louisville Medical College), in giving his personal experience with this condition, writes as follows: "Ten years ago I had the grip severely, and every Winter until 1902, my cough was almost intolerable. During January, 1902, I procured a supply of Antikamnia and Codeine Tablets and began taking them for my cough, which had distressed me all Winter, and as they gave me prompt relief, I continued taking them with good results. Last Fall I again ordered a supply of Antikamnia and Codeine Tablets and I have taken them regularly all Winter and have coughed but very little.

#### The "Back-Resting" Corset.

A genuine novelty—a corset that not only gives the wearer the "new figure" at its best, but actually rests the back, relieving backache almost like magic.

This is the latest achievement of the well-known firm of Kops Brothers, Fourth avenue and Twelfth street, New York, makers of the famous "Self-Reducing" Corsets, which are worn by over a million stout women all over the world.

The "Back-Resting" Corset is entirely new in construction—a patented invention, which, however, has been thoroughly tested and found to be all that is claimed for it. It gives firm support to the small of the back, by means of the patented back-resting straps. It is easily



Excuse me-I know what I want, and I want what I asked for-TOASTED CORN FLAKES - Good day"

The package of the genuine bears this signature

W.K. Kellogg



adjusted and will prove suitable for all medium

Nurses are especially invited to send to Kops Brothers for their free booklet on "Hygienic Figure-Building," which not only tells about the popular Nemo Corsets, but gives much valuable information as to the selection of models, the correct way to adjust and lace any corset, and other things which every nurse is sure to find useful in her profession. This beoklet may be had for the asking.

#### Attention, Please.

The attention of nurses is called to the constantly growing demand for competent graduates in mechanical treatments, especially in massage, gymnastics, electro and hydro therapy. There are always positions open in these branches for qualified male and female graduates in hospitals and sanitariums. The Pennsylvania Orthopedic Institute and School of Mechano-Therapy, Philadelphia, Pa., offers a most complete course in the before stated branches at reasonable charges. Spring classes open on May 14, Summer classes on July 8, 1908.

MAX J. WALTER, Supt.

#### The Trained Nurse's Suit Company.

We are glad to be able to chronicle the success of our advertisers, the Trained Nurse's Suit Company. Their advertisement has appeared but a few times, and not only have nurses of this city patronized them liberally, but orders have been filled from all parts of the country.

A nurse may not know where she will be the next week, but those who have tried know that, wherever they may be, they can have a perfect fitting uniform in a few days if their measure is on record at the Trained Nurse's Suit Company.

Nurses outside of New York who may hesitate to entrust this concern with their orders and funds can address:

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Miss E. A. Gordon, 55 Astor place, Jersey City, N. J.

These ladies ordered uniforms to their own measurements and sent the money with the orders.

Our representative has seen letters from them which are of the highest praise.

#### Protect Burns from Air.

"It is of the greatest importance that the burned surface should be protected from the air. The dressing for a burn should therefore be of a character to exclude the air, to relieve the pain, and to exert an antiseptic and healing effect. Unguentine is extensively used by the profession in the treatment of burns, and it has been found most efficient. It causes healing to set in earlier and it has a marked anaesthetic effect, and is also an antiseptic. It should be applied to the burned surface to the thickness of an eighth of an inch and maintained with a soft bandage.—

New Albany Medical Herald.

#### Send for Book "The Gorham Invalid Bed."

The Bernstein Manufacturing Company, makers of aseptic hospital furniture, have been twenty-five years perfecting their particular line of goods, and supply many of the largest hospitals with steel and glass furniture, sterilizers, bedsteads, mattresses and pillows.

The new Jefferson Medical College Hospital, Philadelphia, conceded to be one of the finest in the United States, if not in the world, has been equipped throughout by the Bernstein Manufacturing Company, at a cost of \$30,000. They are sending out to all nurses sending name and address on postal card a most interesting book on the Gorham Invalid Bed, containing information of practical value to every nurse. See their adv. in this issue. It will be worth your while to send for their book.

#### Onyx Hosiery.

No woman needs a good, soft, well-fitting stocking more than a nurse, who is continually on her feet. The manufacturers of Onyx Hosiery were the first to make a fast black stocking, and they have spent twenty years in perfecting their brand of hose to make them the best to be bought anywhere for the money. There can never be any doubt as to the reliability of stockings bearing the Onyx brand, as to durability, shape, quality or color. These hose are sold by leading retail stores everywhere in the United States. If you don't

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Four months' course of instruction in Massage, Swedish Movements and Electricity

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Successful
Treatment
of
Coughs

The successful treatment of coughs

always depends upon the extent to which general as well as local vitality can be raised. This is why

# GRAY'S Glycerine Tonic Comp.

accomplishes results in relieving and controlling respiratory diseases that are seldom observed with any other remedy. It imparts tone to weakened tissues, promotes nutrition and increases vital resistance.

A powerful tonic, a reliable reconstructive and a dependable respiratory stimulant.

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### Germs Enter by Mouth and Nose.

As a wash for the mouth and teeth, or a gargle for the tonsils, a tablespoonful of Pond's Extract of Hamamelis Virginica in a half glass of warm water will be found very agreeable and effectively antiseptic—not so much so, perhaps, because of its immediate destruction of bacteria, as by reason of its astringent and sedative action on inflamed areas, thus making sensative and susceptible tissues less favorable locations for the growth and propagation of germ life, all of which also applies to the following combination as a spray for nose or throat:

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	Acidi Borici
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#### New Dropping Bottle Invaluable to Nurses.

Every one of our subscribers should send for this new invention, which is of greatest value to nurses. The bottle is made with glass stopper, which has droper attached, and is self-locking when not in use by simply turning stopper. It will drop any liquid not too thick to flow easily. No trouble to clean. Keeps all dust from contents of bottle and when dropper is not in use is an airtight container. The size is convenient for carrying several of these bottles in your outfit filled with remedies for emergency. Send twenty cents in stamps to Valzahn Company, Philadelphia. See advertisement in this issue.

### Leucorrhoea.

Dr. J. D. Albright says: "One of the most troublesome cases I was ever called upon to treat was one of ever and recurring liability to faint, in a lady who formerly had an attack of endometritis, which had been entirely cured, but which left a stubborn leucorrhœa in its wake. The curing of this latter trouble has made my patient strong, and entirely removed the fainting tendency. After I had exhausted almost the entire materia medica, without more than temporary relief. I found an excellent remedy in Tyree's Antiseptic Powder, which gave immediate relief, and resulted in permanent cure." A trial package will be mailed free. Mr. J. S. Tyree, Chemist, Washington, D. C.

#### Uses of Alcohol Free of Tax.

The Treasury Department allows the following uses to be made of alcohol obtained free of tax by hospitals: "Preserving specimens of anatomy, physiology, or natural history belonging to the institution, or for use in its chemical laboratory for burning in spirit lamps, making extracts, preparing ether and chloroform or compounding pharmaceutical preparations to be used exclusively in the treatment of patients in the hospital to which the chemical laboratory is attached, and not to be sold to any person whatever; also for the bathing of patients, or in surgical operations." There are only a few easy conditions to be complied with in order to obtain this alcohol, details of which can be had without charge, by applying to F. O. Boyd & Co., No. 71 Hudson street, New York.

### A Word for Passiflora.

"I have lost considerable time and caused many of my patients to suffer more and longer than they should have done, by virtue of my ignorance of Daniel's Concentrated Tincture Passiflora Incarnata. In my practice I consider your Passiflora a good stand-by, casting abominable opiates entirely out of use. I regard it as invaluable for neurasthenia, insomnia and similar affections, and shall always prescribe it with the utmost feeling wherever indicated, and feel confident of success."

J. B. Morrow, M. D.

Tulsa, Okla.

### Worry Destroys Health.

Mental strain breaks down the health almost more rapidly and destructively than physical disease. Notice how long it takes a man or woman to recover from an attack of nervous prostration. Stimulants are useless. Some thing which will permanently build up is necessary. Nothing is so good as Scott's Emulsion. It builds up strength faster than any known food. It has been used by the medical profession for thirty years, because it builds strength rapidly without taxing the digestion. It is concentrated nourishment in easily digested form. It contains no alcoholno narcotic drugs. Scott's Emulsion slips right into the system, immediately strengthening and building nerves and tissues. It is of wonderful benefit to all who work or worry. GERTRUDE TOUZELLE.

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### A Clean, White, Healthy Scalp

is absolutely essential to the growth and beauty of the hair.

# Packer's Tar Soap

used systematically as a shampoo is a reliable means of restoring and maintaining normal conditions of the scalp structures.

Forthirty-five years it has been endorsed and recommended by the medical profession as the standard soap for the hygienic care of the hair and skin.

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# State Registration from the Standpoint of Equity and Justice

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UNDOUBTEDLY a State Board of Nurse Examiners furnishes an excellent "coigne of vantage," wherefrom to view our professional field in its entirety.

As my three years' term of service nears its close, I am impressed with the distinct educational value of such a position, while also appreciating the fact that through its agency, my opinions on various nursing questions have been radically changed or greatly modified.

In the work of enforcing the law, no phase of it has appealed to me more than that of its equity and justice; and this paper is written with the hope that the insight gained may illumine, if as with a tiny candle, the pathway of those striving to secure State recognition of our profession.

That putting a law into operation reveals its strength, and its weakness, and demonstrates its justice and equity, is self-evident, nor is interest confined to one's own law; for as questions arise in its application, one naturally scrutinizes the laws of other States to see if they will shed any light on these vexed problems or point the way to their solution.

State registration includes both the

making and administering of the law, and carries with it a three-fold obligation—namely, to the public, to the profession and to the individual.

Broadly speaking, this obligation to all three can best be discharged by establishing a three-fold standard whereby the individual nurse is to be measured; one which requires her to be of good moral character and to have had a specified amount of general and vocational education.

While seeking to gain this end, we must bear in mind that the "ex post facto" clause in the United States Constitution, by making it unconstitutional for a law to be retroactive, secures protection to those who, in all good faith, having acquired their professional knowledge in the school of experience, are worthily following their vocation.

For this reason the original standard must be as low as is consistent with the public welfare, while it should be "big with promise" for the future.

Why the State should license any but the regular hospital trained nurse, I find is still an enigma to most nurses; and is due to a misunderstanding of the function of the State, combined with their attitude toward their own advantages, which is similar to that of the university graduate, skeptical of the value of other channels of learning.

In the beginning, the State's position toward the two classes of nurses parallels that of the householder in the Gospel; and it could justly rebuke those, who in a narrow commercial spirit, would refuse State recognition of others' opportunities with the self-same words: "Friend, I do thee no wrong. Take that thine is and go thy way: I will give unto this last, even-as unto thee."

The State by this act of justice does not belittle hospital training; in reality it has given the greatest impetus towards perfecting it. Yet it is hard to convince a hospital graduate that she and her training are not defrauded in some way when an experienced nurse is licensed. She is positive of its rank injustice, for has she not "borne the burden and heat of the day" as represented by her three years hospital service, while this other woman has been "out" earning \$21 or \$25 per week?

Would she could be brought to realize it is not wholly a question of dollars and cents! For in the end, she receives full value for those same hard years—by carrying her load more easily than the other; by being saved much worry and perplexity through her larger knowledge; by her wider scope for blessed usefulness, and through the more perfect service she is able to render!

As regards general education, there is, as you are aware, a strong leaning towards a high school diploma, as evidenced in the Maryland, West Virginia and original Indiana laws.

Without entering into the merits of such a standard, I wish to call your at-

tention to the accompanying clause, "or has received the equivalent of a high school education," which is an admission that outside the walls of a high school can be obtained an education which, for practical purposes, can be regarded as equal in value to that enjoyed by its graduates. This education may have been acquired at a night school, business course, private academy or under the tutelage of a governess; still it is allowed to rank with that provided by the high school.

The justice of this view is never called in question, all admitting its fairness.

Then are we not bound to be as broad-minded towards vocational education?

Yet Connecticut's law is unique in that it is the only one to apply similar phraseology to it, for it contains this clause, "or has had such experience as said Board shall find to be equivalent thereto," i. e. to the present standard hospital training.

I believe a law, for the present at least, would be more just which took the same stand towards both lines of education, and that the Boards would be in a better position to mete out justice than when they are limited to so many years of experience, or even when given large discretionary powers.

This view must not be construed as being inimical to hospital training, for perhaps more truly than of the other professions it can be said of us that "we profit enormously by the study of the technique of our calling," and "nothing but practice can convert knowledge into power"; hence even when the period of preliminary training is extended to two or more years, as I believe it will be, the practical hospital work cannot be dispensed with. For that is

the potter's wheel, "par excellence," which, more swiftly and accurately than any other, grinds us with our theoretical and preliminary training into shape for acceptable service.

For the benefit of the public, profession and nurses, the laws require the hospitals and training schools to "maintain proper standards," to quote the most popular phrase. West Virginia goes a step further and exacts of her non-graduate applicants that they must "maintain the proper standard," which is certainly just, as when licensed the honor and good name of the profession passes into their keeping.

Again, Iowa probably regards it more as a question of thrift, rather than of justice, to tax her own licensed nurses six dollars and the outsider ten dollars; not holding with the Levitical law that "Ye shall have one manner of law as well for the stranger as for one of your own country."

In some States, all that is required of experienced nurses, in addition to a specified term of practical work, is to pass a practical examination, magnanimously adjusting the examination to their limitations.

But the misguided individual, who has taken a two years course in a special hospital, must either put in another year in a general hospital or make up her deficiencies by preparing for and passing an examination "in those subjects not adequately taught" (or omitted altogether?) "in her training school."

I am not posted as to why this distinction, which seems unjust, is made, but attribute it to the fact that back of the experienced nurse there is no institution representing selfish interests to be combated, as may sometimes be the case with special hospitals.

The use of the word "registration" and of the R. N. is responsible for some of the misunderstanding which has arisen regarding the function of the State.

State licensure of nursing, while far from euphonious, expresses exactly what we receive from the State. We are licensed—that is, authorized—to practice professional nursing because we are "duly qualified" as to general and vocational education and moral character.

It is also misleading to assert "that the State's approval will set upon the nurse a stamp by which she will be known to the world as 'sterling.'" The silversmith knows to a fraction the amount of alloy in his wares, as well as of the precious metal. He knows positively the outcome of its legitimate use.

The personal characteristics, which make for individual success or failure, are forces the State cannot, therefore does not, take cognizance of. Hence, it does not guarantee that each nurse, though "duly qualified" according to the prevailing standard, will prove satisfactory. Its power is limited. For example, men who have made their mark in the medical and surgical world, like Doctors S. Weir Mitchell, Osler and Howard Kelly, receive from the State exactly the same license to practice their profession as is bestowed upon the young man at the outset of his career, and who, in spite of that license, may never rise above mediocrity. Would it not be unjust to have it otherwise?

It was suggested to our Board that it would be well to consider the advisability of passing those who merited it "with honor," or "with great honor." I was rather taken with the idea, thinking it might prove a stimulus to pupil nurses,

until Miss Eyre, whose permission I have to quote her, said that was outside of the State's province; and first apologizing for the crudeness of her illustration, but it was the only one that occurred to her at the moment, she went on to say that Registration was like a fence the State had erected for the nurses to jump over, and all that concerned the State was, did, or did not the applicant clear that fence. How she did it, gracefully or otherwise, was outside the State's consideration. She converted me on the spot.

The laws at present in force, are silent regarding the disposal of two classes of applicants. I refer to the graduates of defunct schools and to those with an immoral past. In the latter case, while I believe the State would not be justified in withholding recognition of honest effort at reformation. I also hold it would be unjust to the public and profession to grant the regular certificate. This could be obviated by having the law provide for the issuance of temporary certificates, which would expire in one, two or three years. Then at the expiration of the time specified, according to her conduct, the applicant could be dropped, or given the regular certificate.

By this method the Board would justly remain in control of the situation, whereas, having at once received the regular license, the real control lies with the owner, who may prove a backslider, strongly entrenched behind the well-known difficulty of securing written evidence against such delinquents.

If such a course seems like putting the bar sinister across the individual's escutcheon, it should be remembered that she, and not the State, has placed it there. The defunct schools are apt to be in the same boat with the absent, who are "always wrong," for it seems to be their fate to be charged with all sorts of sins of omission and commission. When their graduates apply for registration under the waiver, what is to be done with them?

The fact of these schools being out of existence for some time and of their location at a distance makes the information concerning them of doubtful accuracy. At least it would take time and money to run these reports to earth and thoroughly investigate them.

Since the aim of the present day is to force such institutions to either close their doors or adopt higher standards, why disturb the dead? If their graduates, by reason of years of successful nursing, have "made good," and they are "duly qualified," would not the Boards more truly interpret the spirit of the laws if in such cases they laid more stress upon what the applicant is in herself rather than upon her defunct school?

At the risk of being considered either a renegade or iconoclast, I must disclaim any attachment for the R. N.

I have wondered at bill after bill being passed with a section devoted to it and no protest coming from any quarter.

New Jersey is the only one to ignore it altogether, both in her law and license. The District of Columbia's law makes no mention of it, but, if I am not mistaken, refers to it in the license. The other laws, directly or indirectly, sanction its use, and it has been lauded so highly one would be justified in thinking it took rank with an academic degree.

Now, why should the action of the

State in licensing nurses be emphasized in this way? Why should our profession be singled out for this decoration at the end of our names? Are lawyers, doctors, dentists, druggists and teachers proudly annexing initials to their names on being licensed to follow their respective professions? Not at all, and I do not believe we stand in need of this distinction any more than they do. Then why has it been so eagerly sought for in our case? I attribute it to the fact that, with us, no degree is conferred with our diplomas, and the R. N. apparently supplies this deficiency.

Out of the present dissatisfaction with the prevailing scheme of nursing education may be evolved one which will follow more closely along the lines which have been tested and adopted in the other professions, while fully providing for the peculiar needs of our own, and insisting that each diploma issued shall carry with it, according to the recipient's attainments, either a Bachelor's or Master's degree in nursing.

The field of nursing is broadening, and as the new branches are permanently annexed to the profession they will call for special training. Will the State refuse recognition to all but those who manage to cover the entire ground in the course of their training? Hardly. Then how would it be possible for the State to deal out justice and equity to all?

Scanning the methods which obrain in general education, we find that to secure the Bachelor's degree the student is not required to take up every study.

Competent persons, better able to judge as to the essentials, which through "ignorance or caprice" might harmfully be rejected by the young and inexperienced, have selected a curriculum which all must cover, and in addition, personal choice is allowed in certain elective branches.

From which we see that the A. B. degree does not mean each student has taken the same courses, but that the general scholarship and special attainments of one are equivalent to those of the others.

Why should it not be so in our vocational education?

In the various crafts, trades and professions the futility has been recognized of forcing "square pegs into round holes." Would-be members of our profession are entitled to a like consideration for their individual tastes and preferences, and I trust the time is coming when the young woman who has no leaning towards maternity work, but a pronounced gift for understanding and ministering to the nervous and insane, will be exempt from doing "stunts" in the obstetrical ward, and vice versa, and that the State will license both, because both, in addition to their specialties, are equally rooted and grounded in the theory and practice of general nursing. Then State licensure will be just and equitable, and the cry of class legislation be silenced.

Though "the spectator sees most of the game," the players are better qualified to testify as to the value of and defects in their individual preparation, and I believe a satisfactory basis could best be reached if a representative group of superintendents and teachers could meet and confer with corresponding groups of nurses from the various branches. They could agree upon the divisions of nursing education which must be common to all and create an

elective system of the remaining branches, one or more of which combined with the prescribed course would entitle the pupil to a degree in nursing corresponding to that of Bachelor of Arts. Then the way would be open for the State to recognize that degree as "duly qualifying."

I admit there are "breakers ahead,"

for just as we find those who "regret that it is possible for a man to get an A. B. with no real knowledge of the classics and mathematics," just so may we expect to meet with those who as fondly cling to "six maternity cases" as essential for rounding out a nursing education, and without which no individual should be licensed by the State.

## The Trained Aurse

The qualities a nurse must own
And what she ought to be
Would make one woman all alone
A varied company;
Creating of one single soul
A curious many-sided whole.

For "argus-eyed" she needs must be, Should have a "rubber neck;" An angel's temper, for, you see, Her own must be in check; So when she fain would slam the door, She sweeter seems than e'er before.

For social life she has no use,
Nor any gaiety—
"Prefers" to live as a recluse,
She's but a nurse, you see—
The strength of Hercules she needs
To stand the strenuous life she leads.

Accomplishments she should possess,
A charming singing voice,
Though cooking is, we must confess,
What makes the men rejoice;
For nervous wrecks play soulful airs
To win them from imagined cares.

But the one thing she does not need, Though you would never guess, (Her patients' friends are all agreed She ought to do with less!) Is "Nature's sweet restorer, sleep," Eternal vigil must she keep.

And what she needs the very most,
But you must never tell;
Of it she'd hardly care to boast,
Though oft it serves her well,
To tell with straight and solenn face
Those fearful fibs that fit each case.

A mixture of a centipede
And octopus should be
The maid who wants this life to lead
And join the Registry;
Two feet scarce cover all the ground,
Nor can two arms go all around.

Her poor old feet should be of rock,
Though light as feathers, too;
Nor must she ever seem to balk
At aught she has to do;
Nerves are perforce to be tabooed—
Nor must she care for dainty food.

Her compensations do, 'tis true,
Make up for most she bears;
So many things she learns to do;
So many lives she shares;
And what she knows of human kind
Is really quite a bit, you'll find!
ALICE EATON BURBIDGE.

# Is the Three Years' Course in Training Schools for Aurses Unnecessarily Long?

DISCUSSION OF DR. HUGH CABOT'S PAPER, PUBLISHED IN THE MARCH NUMBER.

Dr. Washburn. I am very much interested in Dr. Cabot's paper, to which I propose to take exception on one or two points.

In my opinion, and in the opinion of nurses and others connected with the Massachusetts General Hospital, three years is none too long for the training of nurses. Many hospitals have been hampered by lack of desirable candidates for their training school in recent years, and three years ago we were in the same predicament. At that time our probationers at Simmons College were expected to pay \$50. This fee has been done away with.

In the last year we have had more applicants and of a higher grade than ever before since I have been connected with the hospital.

We have at least two or three applications every day.

It seems to me that if we deduct from the two years' course the three months devoted to obstetrical nursing-and I think you will admit this is necessary in the proper training of a nurse—and the two months which are devoted to surgical work, and the time devoted to the training of the nurse for private work (as at the Corey Hill Hospital) and the period of instruction at Simmons College of two months, how much have you left of the twenty-four months in which the nurse has to get practical experience in the wards? You will find there is very little time left for the actual, practical training of the nurse in the wards with the patients, of which many months are required before the nurse is capable of going out and doing private nursing properly.

It has occurred to me that the third year should be considerably more of an elective year than it is now. In many of our colleges in the freshman and sophomore years a general course is prescribed for all, such as every one should have for a foundation. Then, in the junior year, and also the senior year, the student selects the studies along the line of the career which he or she intends to pursue. I believe that this could be done to advantage more than it is done in our hospitals.

I think there should be two and onehalf years given up to compulsory work, and out of that time they should have a course in the contagious ward, in the operating room, an obstetric course, children's nursing, and a chance at private and special nursing with some nurse who has had experience. Each nurse should certainly have a chance at surgical training in the operating room.

At the end of two and one-half years, why cannot the nurse select the course she wishes to pursue, whether operative, institution or private nursing? I think that very few appreciate the great demand there is for women trained to take charge of a hospital, and it is very difficult for us to get names of women who are capable of filling positions like these.

The private nurse can have a further choice as to whether she wishes the last

six months to be devoted to special work in the care of patients or whether she will be trained for office nursing or social work or surgical work or the various other branches.

Dr. Cabot spoke of the damage done to the health of the nurses. I would like to have him prove that. The nurses who are graduated from the hospitals are far healthier and better able to take care of themselves when they leave than when they come in. I am quite sure this is a fact.

Dr. Cabot also spoke of allowing the graduates of other schools to come to the hospitals for post-graduate course, and this is a serious question. There are plenty of graduates of other schools we can take, if we wish to, and let them in the ward for the care of patients and give them a special course of the last six months.

It takes two years to know our nurses, whom we can trust and how far we can trust them, and whom we cannot trust. If you let strange women in to take care of the wards, the patients will suffer. I think it can be done to a limited extent, and to a very limited one. But I do not believe that by this means you will be able to increase your nursing force to any very great extent without injury to the hospital or damage to the patients.

Chairman. I think it may be comforting to you to know and difficult for you to realize that something like this same discussion is going on in the medical profession—how long the medical students are to be trained. I got my degree in three years. Students now obtain their degrees in four years. A considerable number say that we do not teach them much of anything in the

four years' instruction, and that five or even six years is essential.

When we sit down to consider this question, I think this idea must occur to most of us. We are never able to teach either the nurse or the medical student all that he or she ought or wishes to know. We always stop short in the middle. The course is continued after graduation. All nurses agree that they have learned more after graduating than before. The question is, what is a reasonable amount of training in school?

I think we ought to hear from some of the training school superintendents upon this subject.

Miss Drown, how does the City Hos pital Training School feel on this subject?

Miss Drown. The president of the school is here and I would like to hear from him first.

Chairman. Is Dr. Rowe here? If not, I guess you will have to represent the school, Miss Drown, as you always have done.

Miss Drown. There is one point I would like to speak of, and that is from the standard of the nurse herself. statement is sometimes made that nurses do not care for more than two years' training. This may be from the biased point of the superintendent of nurses, but the fact remains that out of ooo graduates, 100 of the two-year graduates voluntarily took up the third year of training, and I do not think one of those 100 graduates ever regretted that step, and many who have since taken up private work have said that this added year was of the greatest benefit to them. Many have taken up institutional work and taken very responsible positions, and they all say the additional year was of great advantage to

Regarding the three years' course of training in the City Hospital, the first three years' class began in January, 1906, and we will therefore not be in a position to judge what the standing of that class is until a year to come, but we know that so far they have fully met our anticipations and we see no reason for wishing to change back to the two years' course.

Chairman. How does Miss Drown feel about an elective course?

Miss Drown. We have that embodied in our curriculum, and the nurses are given the opportunity of expressing their wishes for the latter part of the third year in the different departments of hospital work.

Chairman. Miss Coonahan, what do you say? Two or three?

Miss Coonahan. I should say, two years. I believe in the practicability of the two years rather than in the theory of the third, though I may be condemned for saying it.

Chairman. I had much rather not call on individuals if they will rise and speak for themselves.

Miss Ayers. There is one view that I think has not been definitely expressed that I have been collecting data on during the past year since this discussion came up. A majority of the graduates who have been privileged to have three years say that this is none too much and that they would like another year, for they feel that the three years by no means fitted them satisfactorily. They need another year and perhaps more.

I have taken particular pains during the past year to talk with each nurse as she was leaving the school as to what time she most enjoyed, what period in her three years' training meant the most to her, and, without exception, they made the same reply—their third year had been their best year. They had gotten the most out of it, the work meant so much more to them in the third year, as they had done things because they knew why they were done and appreciated the value of their work in the third year as not earlier in their course.

I think, of course, in the three years' course, one should take into consideration the hospital in which the nurse has her training, whether a large hospital where she receives an all-round training, or a small hospital with few departments.

I know personally in our own training school I find it rather hard to well spread out surgical, medical, including contagious, obstetrical diet kitchen and operating room, and, perhaps, some administrative work over the three years so as to give sufficient training in each department in that time. I do not know how I am to do it in two years.

Chairman. As to the quality and quantity of applicants at present as compared with two years ago. The quantity has not been as much. I think we have had as many last year as in the previous years, but I had a great number of vacancies to fill. Some of them were unfilled for a longer period than I liked. Forty nurses graduating from January to January makes quite a list of applicants that I have to consider. I think, on the average, a little more than 50 per cent of all who are taken into the school are finally accepted, so it makes a great deal of weeding. I could have used a great many more good applicants, but I do not think we have much decrease in the number, except I was not able to sift them as I would like to.

I want to get as many points as there are persons present.

Dr. Tuttle, how do you feel on this question?

Dr. Tuttle. I do not suppose anyone would say a nurse could get too much education in three years. (Chairman—there are some who say it, you know). Yes, but as I understand it, the nurse goes to a hospital not to get a liberal education, but the education that helps her to earn her living. This is the basis of the problem, and the question is whether the three years' time she spends at the hospital is too much for the purpose.

I agree with our president that a nurse learns a great deal after graduation, and that she is not expected to know everything when she leaves the hospital.

Considering the length of time a nurse is in active service (they say ten years) the question is, is three years too long a time to spend in preparation?

Of course, it depends upon what you are to teach her, and you must leave off some of the refinements now taught the nurse if you cut it down to two years.

Then there is something else to be considered. The nurse has not the money to pay for her tuition or her board, and, hence, she has to earn that by her work. This is the hospital side of it, and the nurse has to do a good many things while she is getting her education that are not so very necessary so far as her education is concerned. It is work that must be done, and, considering that, I do not think three years is any too long. I have not observed that the nurses get used up. Certainly the nurses at the McLean Hospital taking the three years' course

have no more sickness than those who are taking the two years' course. Our course is hardly a three years' course in the hospital. It gives our nurses a preliminary four months of time for study, with very little work in the wards and eight months at the Massachusetts General Hospital, so there comes out a year and the hospital gets only two years' work as before, but gives a three years' course. I should be inclined to say three years was all right.

I have the impression (I do not know if I am right) that the change in New York was made because they could not get the nurses, and they thought if they went back to the two years they would have more applicants.

The hospitals for the insane in Massachusetts have reached the point where they have had to frequent the intelligence offices to get nurses, especially young men.

I think New York is in just the same position and has been for some time, so I have the impression that the two years' course was for this reason, but I cannot speak with authority.

Dr. Hugh Cabot. Mr. President, I would like to say that the lack of applicants was not the reason for changing back to the two years in New York. At the time the superintendent of nurses stated that the change was not made because she had not sufficient applicants. A recent article by Dr. Ludlum, superintendent of the New York Hospital, discusses that pretty freely.

Mrs. Whiteside. What was that in Dr. Cabot?

Dr. Cabot. I do not know, but I can look it up.

Chairman. Let us hear from the nurses again. We are hearing too much from the doctors compared with the

nurses. I shall have to call on somebody pretty soon.

Miss Clark, what do you think about this matter?

Miss Clark. I think the third year should be wholly elective.

Chairman. How was it when you were in the Massachusetts General?

Miss Clark. Two years.

Chairman. Miss Fiske, how do you feel about it?

Miss Fiske. I believe in the three years' course, but I agree with Dr. Cabot as to a good deal, although I have had no experience in a large hospital. I believe it depends upon what you are going to teach.

Chairman. How do you feel on the question of electives?

Miss Fiske. I think the last half year should be elective.

Chairman. I have not heard from the outside public as yet. I shall begin to call on them if they do not speak up. Mrs. Codman, what is your opinion?

Mrs. Codman. I really do not think I know enough to say anything about it.

Chairman. None of us know. But what do you think?

Mrs. Codman. I think the elective course appeals to me very strongly.

Chairman. Among the district nurses you have, have they taken the two or three years' course?

Mrs. Codman. I am afraid I cannot tell you that. I have not looked up their record.

Mrs. Vaughan. As Mrs. Whiteside and I were members of the Board advocating the three years' training, naturally it appeared very desirable to us, but, of course, subject to the modification that time and experience would show.

I am not quite sure that we have yet had sufficient experience to feel sure it would be desirable to make a radical change to two years, though I admit that an elective period at the end of that time would be of great value, giving to the nurse the right to choose what she wants in her future development, which the three years' course does not give.

Mrs. Whiteside. I do not think it really necessary that every nurse should be taught every subject, and perhaps the elective course is the remedy. It seems to me some subjects should be taught to some nurses that are not taught to all, and, as Dr. Tuttle says, they can hardly afford to give so much time to their education.

Chairman. The question of elective seems to be a compromise between two views, as most of us here will agree.

Miss Cottle. It seems to me that if the training was properly done the nurse must get knowledge enough in the two years to do the work properly that is required. Some one said that in the third year they knew the reason why they did things. Why cannot they know the reason why they do these things in two years? I have heard so many nurses say they did things because they were told to do them, but did not know why they did them. If they have any ordinary intelligence, they ought to acquire knowledge enough in two years to take care of any sick person or take up any work.

Dr. Badger. For the majority of nurses I consider a two-years' course of training in a general hospital sufficient. In the way of varied experience the large hospital has decided advantages over the smaller, but in the latter it has been my observation that the pupils are better trained in the care of the individual patient. In either hospital I think the nurse at the end of her two years qualified to enter upon private nursing.

Thrown upon her own resources, she will learn most rapidly from her private cases many things not taught in the hospital. Instruction does not end with graduation from the training school.

The training schools in the large general hospitals are not doing their full duty, however, if they turn out only trained nurses. In these schools more ought to be demanded. Take the training school at the Massachusetts General Hospital, for example. During the past five years I have been the medical instructor of these nurses during their first two years. I am certain that at the end of two years those desirous of entering private nursing fields are sufficiently trained and experienced. But the full value of this hospital would be missed if its training stopped here.

I would advocate a third year with elective courses. The special training in those branches not given at the general hospital could be arranged for in special institutions. For example, instruction in obstetrics, eye and ear nursing, in mental diseases and in school and district nursing. In the general hospital nurses could also be trained along special lines as surgical nurses, operating room assistants, etc. Excellent courses could be offered in hospital management in its various branches, and these courses could be opened for a fee to post graduates from any recognized training school.

I think the large hospitals ought to offer a three years' course of training. The first two years devoted to making the "trained nurse"; the third year an elective for advanced work.

At Harvard University it is possible to obtain the degree of A. B. in three years. The fourth year can be devoted to post-graduate work or to professional school work. This is a great benefit to the students. Would not some such plan as suggested for the large hospitals serve much the same purpose for women studying the problem of caring for the sick?

Chairman. Is Dr. Palmer here? We want to hear from you.

Dr. Palmer. I do not know that I can add very much to the great variety of very excellent ideas that have been expressed. Certainly we have struck a very vital question when we ask the society to discuss the question of two or three years. It seems to me that it depends upon the kind of training we are to give. I am connected with a school, as you perhaps know, that teaches a nurse district nursing. We will hear more about that later on. It is a very important part of the work. I would frankly state that teaching individual nurses in private families, three years does not seem too long, but to keep a nurse three years in the hospital doing strictly hospital duties, the criticism very often comes to me that it is an unnecessarily long time, and I fail to see the advantage that comes from it. What I hear from the public is this-that the training is too long and the pay for the nurse too high for the average family, and I think I can see in the future, the near future, that there will have to be a shortening of the course or a lessening of time and consequent expense to get the nurses trained so that more can go into private families and do work at a less price per week.

I am afraid I am touching a tender point, but my advice to our own nurses is not to seek to stay in a large city, but to go into the growing villages and to become a centre of educational influence and teach the people how to live. I have been in practice twenty-five years and I can see in that time a wonderful change on the part of the public in knowing how to live, and especially is this true in the last dozen or fifteen years as to minor ailments and how best to care for their own health and that of their children.

I think, Mr. President, the subject has been of sufficient interest that we can all see we shall need to discuss it more fully in the future, and I think this association will work out something for the training schools at large and for which this association was formed.

Dr. Hugh Cabot. There are one or two points upon which I should like to make myself clearer. The schools to which what I have said particularly applies are those of the large general hospitals with which I am familiar. I know less of the training schools in the smaller hospitals scattered throughout the country, and much that I have said is, perhaps, not applicable to them. I have a feeling, however, that they are doing their work better in proportion to their means than the larger institutions, and that they turn out nurses rather better fitted for the work which they undertake.

Dr. Washburn challenges my view as to the damage to the health of nurses—a position very properly taken because I submitted no reasons for my view. My belief comes largely from two sources. First, from personal observation, and second from the expressed opinion of others in a position to know. My own observation leads me to the conclusion which I stated, because I see many of these nurses, not only looking

after my patients, but coming to me for advice. I find many of them who seem to me to have lived at a pace faster than their strength would justify, and many of them have lost the indefinable something which is necessary to the interest and enthusiasm so essential to good work. They seem to me more or less constantly stale, to use a term borrowed from athletics. As I read the published views of those interested in the teaching of nurses, I gather that the opinion among the superintendents of nurses is quite largely that nurses are worked too hard, and that their hours are too long during the period of instruction. Within a year I have seen an interesting article in which the statistics of a large number of hospitals were collected, bearing upon the question of the illness of nurses in training during the three vears' course. The amount of illness. the mortality and the morbidity were considerably larger than would be expected among an equal number of women of the same age under ordinary conditions. In considering this question of illness we must remember that these are picked women in the prime of life, among whom illness should be rare. While Dr. Washburn's view that the nurses under his own care leave the hospital "far healthier and better able to take care of themselves when they leave than when they come in," is doubtless correct, I am by no means prepared to admit that this is the fact among the nurses in the majority of large hospitals.

I should be interested to have the subject investigated further as it seems to me of considerable importance.

# How Much Should We Teach?

R. M. PHELPS, M. D.

Assistant Superintendent Rochester State Hospital. In charge of the Training School.

No book connected with nursing work has been read by me with such satisfaction as the one by Charlotte Aikens, on Training School Methods, just received. I would like to be assured that every nurse in position of responsibility has a copy. There is little in it radically new, but it is full of sound and frank "common sense." It shows clearly that it comes from one who has in experience met and pondered over all these problems. It is remarkably free from exaggerated expressions and theories.

That training schools are to "practice the art"-that they are logically, doing schools, with an education added only to help the nurse to do, seems fairly clear. That the "essentials" for such doing are all that need well be in an ordinary (not post-graduate) course has good reasons given. That medical or literary, or any other knowledge, while considered helpful, is not appropriately a school requirement, is also taught. That non-resident medical men, stepping in from the outside merely to give lectures, often wander from the essentials of the subject in varied ways, is fully and freely outlined as one of the trials of those in charge. That extras and specialties are best placed in a postgraduate form is outlined. That pupils enough should be provided, even if no arbitrary amount of preliminary education can be required, is fully held. That "taking notes" is an exceedingly poor method and should be an obsolete method of learning, accords with my experience of both methods. That "recitations" are very necessary to keep up study and interest, and to make clear obscure portions, is also plain, and I would also add the great advantage of having the lecturer give the quiz on his own work.

Especially do I like the frank admission of the sure fact that nurses (as, indeed, also other workers) are good, medium and poor, and that even some poor ones are apt to develop some trait or quality that makes them successful. In early times they may have been all missionaries; now they are usually seeking an occupation. I also like a tendency to admit that success depends on "pleasing the patient," however much one would like to have it depend on one's learning. Not that learning is a drawback, but that the other is apt to count first.

It is to me quite remarkable, coming at this time, that she discusses all these questions without once mentioning the "registration laws." She cannot be accused of low ideals, yet she nowhere advocates the (figurative) method of each taking hold of their own "boot straps" and all lifting themselves from a dependent service or occupation to an independent profession with "high standards." I think the omission is wise, if analysis shows the practical result to be the giving a title to the more fortunate (probably the minority), and practically inviting a large increase of the lower or lowest grades. To do this surely does not "benefit the public" as a whole, and is problematic in its benefit on the few.

But the main topic of the book, and the one I purposed to here "help along," lies in the detailed methods of teaching. The author paid most attention to "lectures." I desire to pay most attention to "books." For, while I also judge the main and pressing need to be a good sensible, uniform curriculum, I vet judge the greatest impetus toward uniformity would come with a book that would satisfactorily cover this desired ground. When we say a person has studied medicine or ministry or engineering, or in a high school, we know she has been over about such ground in "text books" which are available for comparison and will be admitted as fairly equivalent. Why not so in training schools?

It will be inferred, of course, that I consider the question of "text book" not yet fully worked out, even though later years have brought closer approximations. For example, where is the text book that takes up Materia Medica and Dietetics as Miss Aikens proposes? I here mean a "text book"—one that gives just what the nurse is to study, and not a reference book. Such a book would probably be in two fair-sized volumes, and conform to the following four rules:

- 1. Place each of twelve to fifteen subjects in fairly logical sequence.
- 2. Give each its proper proportion of time.
- 3. Give each its proper depth of consideration.
  - 4. Keep each to essentials.

I am probably advancing on ground where I may meet differences of opinion, but I am only arguing for a "book" what the author argued for "lectures." For I would have the book for the lecturer to follow. And why not, when even a literary college does this?

No two of the few "general" text books begin or end alike, nor follow the above rules. A tendency seems prevalent to write a "special" book for each subject, and this is usually too much like a reference book. For example, in Materia Medica I will go farther than the author, and venture to state that it is not wise to try and teach more than fifteen to twenty-five of the more "technical" drugs (like strychnia, morphine, etc.) nor more than fifty to seventy-five of the more popular drugs (like camphor, whiskey, the disinfectants, etc.). Nor would I teach any one of these in a "technical" way. Now, in the "general" books the subject is often slighted-in "special" books we find both a completeness of reference character and a medical technicality of form, such that a small "medical" book might about as well have been used.

Possibly this is the most gross example, but in dietetics there is something the same; and in obstetrics, what can we say to finding measurements of pelvis and how to measure, and many full pages to help diagnose the complications of pregnancy, including ectopic pregnancy, heart disease and appendicitis? Or what should we say to a long description of special bacteria? Do we expect nurses to make cultures and make microscopic distinctions that are even left to specialists in medicine? Or in anatomy and physiology, why give more than a dozen muscles (those apt to be mentioned), or fifteen arteries and probably six nerves? The nurse wants the "practical" parts for her work, and those only.

Of course, we must teach some things medical. But just as surely we should omit most things technically medical. To decide about any special thing, ask if it is practically useful in nursing work. Place only such things in our

"text book." Have reference books way up to complete medical books, if you must have them, but only as reference books. It would seem that there is a trend toward making a "liberal" education of the course. But this is not an "educational" school at all. It is a training school.

Following the author's idea, it would seem wise to require of each lecturer to follow some detailed framework or synopsis of subjects. Personally I have met this by giving each pupil a type-written, mimeographed copy, full, yet synoptical of each lecture, these having accumulated in the past seventeen years. I used to advocate letting each one develop his own subject. I would now limit them by at least such a synopsis.

I will, therefore, venture still farther and present a general list of the subjects, calling the whole study time available to be 100%, and assigning my idea of the approximate proper proportion due each one:

I.	Nursing—its history, charac-	
	teristics; nursing etiquette and	
	customs	4%
2.	Anatomy and physiology	15%
3.	Medical applications, emergen-	
	cies (lecture part)	7%
4.	Hygiene (principles of)	2%
5.	77 4 4 4 4	3%
6.	Surgery and bacteriology	15%
7.	Fevers (including those of chil-	
	dren)	9,%
8.	Miscellaneous diseases (includ-	~1*
	ing some for children)	3%
9.	Obstetrics and gynecology	,
	(including infantile diseases)	15%
10.	Dietetics (lecture part only)	600
II.	Massage (lecture part only)	.3%
	Materia Medica	9%
	Insanity	4%
	Electricity (only magnet, com-	

	pass and use and care of the	
	three batteries)	3%
15.	Ethical, moral and business	
	relations of nurse)	20%

Total available time.....100% I hardly suppose any of the above would be omitted, but the above approx imate proportion might possibly meet differences of opinion. The order of study is vexing. One wants each one to come first. But the above does fairly well. I am inclined to think the best and most normal method is to study along with the doing. If one figures on three vears, and omits twelve weeks in Summer, this leaves forty weeks per year. Of these, four weeks are profitably spent in review and examinations. This leaves 108 weeks of active class study in the three years to divide up as above.

Having ventured so far in putting forth a plan for criticism, I will venture farther, largely for the sake of illustrating the principle maintained above. The author has, in less defined way, given her advised outline for dietetics. I will take the subject of Anatomy and Physiology for my example. Suppose the 15% above assigned to mean fifteen lecture meetings:

r. The (superficially) elementary parts of the body. (This is a preliminary, "bird's-eye" view.) The Skin—Qualities, layers, uses, sweat glands, sudoriferous glands, hair, nails. Muscles—Color, locations, qualities, fibre arrangements, functions. Fat—Locations, uses, qualities. Blood—Parts of, quantity, location, uses. Lymph and Chyle—Location and use. Bones—Locations, structure, use, periosteum. Cartilage—Locations, qualities, use. The same for Ligaments—Areolar tissue and nervous tissue.

- 2. The Organs of the Body. (Another preliminary view, leaving details for later study.)
  - (1) Of Digestion.
  - (2) Of Excretion.
  - (3) Of Circulation.
  - (4) Of Respiration.
  - (5) Of Special Sense.
  - (6) Of Special Secreting Glands.
  - (7) Of Ductless Glands.
  - (8) Of Reproduction.
- 3. General study—Body made up, how, microscopically? how, chemically? protoplasm, what? cell, what? "life," what? "growth," what? differentiation, what? reproduction, what? "design" in structure; surface anatomy names, regional anatomy.
- 4. Bones—Name and location of each (except internal bones of head and specials of Carpus and Tarsus); names of a few large prominences and depressions; cavities of body; joints and their structure.
- 5. The Circulation—Heart, size, location, structure, cavities, valves, pump action; right and left hearts. Arteries—Locations, structure, action of. Veins—Structure and action and location. Capillaries. Valve actions—Location of each. Names—Seventeen arteries, six

veins. Forces propelling blood. Follow blood—Heart beats and pulse.

(Space will not allow to follow further in detail. I will add the other topics.)

- 6. Circulation (continued).
- 7. Respiration.
- 8. Digestion.
- 9. Digestion (continued).
- 10. Lymphatics.
- 11. Muscles.
- 12. Nervous System.
- 13. Special Senses.
- 14. Special Senses (continued).
- 15. Physiological (problems of), life-growth, waste, repair, heat and force and reproduction.
- 16. Elementary principles of embryology and biology.

I have no space to speak of demonstrations, clinics, drills or other practical work. I am only arguing for a detail of the whole course as above, so plain that teachers may follow, and thus get uniformity.

To the half-formed plea that nurses may teach, I have no objection, except the main one—that I hardly believe nurses of the breadth and reserve knowledge desired are to be found in sufficient numbers as yet.

### "Solace"

Oh, trust thyself to Him above
When thou art tried with pain;
No power for prayer—the only thought
How to reduce the strain.

Then is the time for proving His mighty love for thee; Then is the time for singing "His Grace sufficeth me!"

DOROTHEA ALBER.

Turner's Falls, Mass.

## Hints on Aseptic Technique

CLARA FOSTER, R.N.

DR. ALBERT MORROW, in his recent book, "The Immediate Care of the Injured," remarks: "The subject of Sepsis and Antisepsis is considered to be one of the most important of modern surgery." To this statement we must all agree, and indeed it seems that we might almost say the most important, since it is possible that the most skilful and brilliant surgery may be rendered worse than useless by failure to observe the smallest point of the aseptic technique of the operation. By one fittle oversight or lack of absolute conscientiousness on the part of the nurse who prepares patient, room or material, the most important and careful work may be brought to naught. The "golden rule," than which there can be no better guide in nursing, applies with great force in all such preparation. If the nurse will ask herself, "Would this be safe for me? Could I trust my life here, as far as asepsis is concerned?" and be governed accordingly, there is little danger that anything will be forgotten or carelessly done. But there must be understanding of what we are doing, and why. No one, however conscientious, can work intelligently in the dark. "Therefore" (if we may be permitted to quote from a very old authority), "get knowledge, and, with all thy getting, get understanding."

Sepsis, from a Greek word, meaning putrefaction, is a condition due to the entrance and multiplication of microbes in a living organism, whereby inflammation, with more or less disturbance of the general system, is produced.

Antisepsis is the term applied to a

method of treating wounds which aims at the destruction of microbes.

Asepsis means freedom from septic material, and is the aim of all modern surgery and the end toward which the efforts of every nurse who has anything to do with wounds should be directed. In other words, Asepsis prevents the entrance of germs into a wound. Antisepsis, taking their presence for granted, tries to destroy them.

Antisepsis was a long step forward, making possible results which had hitherto only been dreamed of; but the modern surgeon, instead of trying to kill bacteria by the use of more or less poisonous substances, endeavors to keep the wound free from these organisms. It is not easy to draw an exact line between the two methods, as it is generally believed that treatment cannot be strictly aseptic without employing means of disinfection—that is, antiseptics.

Lister and his immediate followers used the famous "Carbolic Spray," acting on the believe that the mischievous germs pervaded the air and from thence settled in the wound: but more than twenty years ago it was demonstrated, chiefly by the investigation of Robert Koch (1881-1888), that the atmospheric microbes were mainly of an inocuous character, and that infection was essentially established by contact. The recognition of this fact greatly simplified proceedings, did away with the spray, and saved wounds from contact with irritating solutions, such as bichloride of mercury and carbolic acid.

When we once grasp the main points
—that the microbes are "everywhere

present and everywhere adherent," that if carried into or deposited on the wound they cause the various troubles that the surgeon dreads-suppurating wounds, septicaemia, pyaemia-and that infection is established by contact, the observation of surgical cleanliness becomes a habit-second nature, as it were. But even then, as Dr. Carl Beck truly remarks, "Aseptic virtues arise more from a touch of character than from a capacity acquired by education. Some nurses are born aseptic, others can never become so, no matter how often they are admonished." What an eminent surgeon calls "the aseptic conscience" is not, alas, possessed by all nurses, but appears to be a special gift to a favored few. We fear some of our surgeons would say, "to a precious few."

Of what avail is it to scrub religiously, sterilize and resterilize, and then in an unguarded moment brush back from the face a rebellious lock of hair a moment before using the supposedly sterile hand to pass to the surgeon a sterile sponge which is introduced into the abdominal cavity? Or to place a sterile dressing or instrument upon an unclean (always meaning surgically clean or unclean) surface, as a bed or stand, and then replace it with the dressings or instruments supposed to be irreproachable? Consistency, always a jewel, must exist in all proceedings that have asepsis as their aim.

Of course, the ideal of the nurse is such personal cleanliness and cleanliness of rooms or wards with which she has anything to do that accidental contact with sterile material can do no harm. But we all know that however we may strive for this ideal, it is impossible of attainment in our busy, hurried lives, where we must do the next thing that

comes to hand, and "do it now." It is never safe to assume that we or our surroundings are surgically clean.

Any unnecessary running about of doctors and nurses during an operation shows a defective comprehension of aseptic principles. It is not only that any dust in the air or in the room (of course we understand that none is supposed to be there) may be disturbed, but the danger of contact with unsterilized articles is increased also. Everyone should know their place and keep it, not trying to see or hear anything but that which concerns their own particular duty; remembering that through any lapse of memory, attention or conscience on their part a valuable life may be lost. It matters not in the least how small or seemingly unimportant the duty alloted to them may be, "a chain is no stronger than its weakest link."

The modern operating room, with its marble floors and walls, round corners and complicated sterilizing apparatus, renders it comparatively easy to attain the results we desire; but, fortunately, success does not depend so much upon these surroundings as upon the consistent carrying out of aseptic principles. Once having grasped the fact that infection comes through actual contact (and not from some vague, undetermined danger floating in the air, it becomes possible to operate successfully under the most adverse circumstances. We have only to be sure that no material that is not surgically clean comes in contact with the wound, either by direct means or indirect.

Therefore, in an emergency, with but little time and poor surroundings, see to it that the field of operation, hands of surgeon and assistants and all material used are absolutely clean, and then disturb the surroundings as little as possible.

This brings us to the importance of the mechanical method of disinfection. It is at once the most effective and the most reliable means by which asepsis can be attained, and nothing can take the place of thorough and energetic work with scrubbing-brush, nail-cleaner, etc. In fact, if the writer personally were compelled to choose between chemical and mechanical means of disinfection, in preparing for an important operation, she would unhesitatingly relinquish the former, trusting, rather, to soap, hot water, scrubbing-brush (and what is known in vulgar parlance as elbow grease) than to the strongest disinfectants. But, fortunately, no such contingency is likely to arise. The materials necessary for both methods are easily procured, even in the poorest abode, and we must use all possible prophylactic measures and then never feel too sure that we have routed the invisible foe.

Dirt under the finger-nails, no matter how long it has been kept in a strong antiseptic solution, may still contain germs of sufficient vitality to produce infection, if the mechanical process of cleansing has not been well carried out. The finger-nails should be trimmed smoothly, and kept as short as possible without injury to the fingers. Dr. Russell Fowler says, "The only way to disinfect the subungual spaces is to destroy them."

After the mechanical removal of germs from the skin, they are still brought to the surface from the depths of the skin by the action of the sweat and sebaceous glands. It is known that a hand which has been scrubbed clean and which gives no culture will, upon being moved about

for a few minutes, give a culture. To obviate this danger, strong disinfectant solutions are used for the hands, notably Permanganate of Potash, which contracts the tissues and impedes the action of the sweat glands. No one has ever felt quite satisfied with our present methods of hand disinfection. The wearing of sterilized rubber gloves seems to do away with the danger, but it is worse than useless to don sterile gloves until after thorough mechanical disinfection of the hands. There is no room for laziness in prophylactic measures.

Boiling water is the most powerful germicidal agent known. It is said to destroy all forms of cocci in from one to ten seconds, and even the spores of the bacillus anthracis in two minutes. Steam destroys the spores in fifteen minutes, while the tubercle bacilli require twenty minutes. A 1% solution of Bichlor. of Merc. fails to destroy the spores of the bacillus anthraces in twenty-four hours.

Boiling water is so manifestly superior to all disinfectant solutions, in the prompt and certain destruction of microbes, that it should be substituted for them whenever it is possible to do so. All chemical disinfectants are more or less escharotic in character and the delicate tissues of the body are better kept from contact with them whenever possible.

The best method of sterilizing instruments is by boiling soda solution (one tablespoonful of carbonate of sodium to a quart of water). It is not only a prompt and powerful bactericidal agent, but it prevents the rusting of the instruments, which is likely to occur if plain water is used. All pyogenic microbes are said to die in a 1% boiling soda solution in from one to three seconds.

Instruments, however, should be boiled from ten minutes to half an hour, and this just before they are used. Cutting instruments should be given less time, as the delicate edges may be injured by prolonged boiling. Knives should be boiled from two to three minutes, while edged instruments having locks, such as scissors and bone-cutting forceps, require five minutes. Always use enough soda solution to cover the instruments, and the sterilizer should be covered.

For dressings, gauze sponges, towels, etc., fractional sterilization is the method employed; that is, sterilization by steam, at a temperature of 212° F., for half an hour each day on three successive days. The last sterilization, however, should immediately precede the operation.

In the preparation of all dressing materials strict asepsis of hands and of any instruments or utensils used must be observed. All the numerous details of preparation for operation, dressings and aftercare of patients will doubtless have been acquired by the nurse during her days of training, and her knowledge of the underlying principles of asepsis should enable her to apply them in her future work, under any circumstances that may arise. Details of method will vary somewhat with the ideas of the individual surgeon, but the principles are always the same, and in spite of the rapid march of scientific knowledge, it seems that they must always remain the same, since the theories that have led the technique to its present stage are all capable of confirmation by bacteriological tests.

Finally, never forget that "If ninetynine points in the prevention of infection have been observed, and the one hundredth point omitted, the result may be just as bad as if no precautions whatever had been taken."

# "At Least I May Be Kind"

So great the world, so small am I,
So trite my daily round;
So many stronger, nobler souls
For greater tasks are found;
But shall I pine with idle hands
And to the truth be blind
That in a world of aching hearts
At least I may be kind?

Not wise, nor great, nor panoplied
With riches and success;
I walk through still, sequestered ways
In humble, lowly dress;
Yet pilgrims there I daily meet
And many a drear spot find,
Where I may leave a bit of cheer—
Remembering to be kind.

Kind as the Master ever was,
In deed, in word, in thought;
With gentleness that never fails
And love that is not bought;
This is the goal toward which I strive
That I may leave behind
No bitter memories to disprove
That I at least was kind.

# La Grippe

ANNIE E. HUTCHISON.

EPIDEMIC catarrhal fever, contagious catarrh, influenza, la grippe or its abbreviated equivalent, grip-are different names for the same disease. Some medical writers claim that the best name for the disease is epidemic catarrhal fever, and certainly there is an impressiveness in this name that the sufferer feels to be entirely in keeping with the symptoms. The name La Grippe seems to have been applied to the disease on account of its sudden onset, the term being presumably derived from a French word that means to seize. and the appropriate suggestiveness is probably what has made this name the one in most popular use. Many people are probably accustomed to regard la grippe as an affection dating from the great epidemic of 1889-90; but authorities assure us that it visited America twice before during the century, and that Europe suffered considerably more; that, in fact, authentic records exist to show that the disease has occurred in repeated epidemics for several centuries. at least, and that it has very probably existed from early times.

La grippe is recognized as one of the acute diseases due to a specific infection, but the causes that lead to any sudden outbreak or general epidemic are not understood. Neither age, sex, social position nor occupation seems to have any predisposing influence, one person being as liable to attack as another. It is said, however, that adults are more prone to the disease than infants or very young children. People living in unsanitary surroundings appear to be no more likely to be affected than others,

although its effects are likely to be more severe in such cases. One attack of la grippe does not give immunity. On the contrary, it seems to render the victim more susceptible to attack in future.

The symptoms of la grippe vary greatly in different cases, and, of course, vary in intensity in different cases, sometimes one symptom or one set of symptoms being specially marked and in other cases some other symptom being the most prominent feature. The onset of the disease is usually sudden. The patient may have chilly sensations or perhaps a pronounced chill followed by fever and a catarrhal inflammation of some part of respiratory tract. There is likely to be headache and loss of appetite: and other symptoms that may be present are acrid discharge from nose, cough and expectoration, pain in back and various parts of body, nervous disturbances and gastric disturbances. In one type of the disease, the neurotic or nervous type, the nervous symptoms are very marked, the patient having severe headache, pain in the eyeballs, neuralgic pains in various parts of body and especially in back, which may be tender to the touch, being feverish, restless and sleepless, in rare cases even delirious. Hearing may be affected temporarily, also the sense of taste and smell. In many cases the catarrhal symptoms are the most pronounced, there being a catarrhal inflammation of the nose, throat or bronchial tubes, or perhaps the mucous membrane of all three may be affected at the same time. If the catarrhal inflammation affects the nose the patient will have in aggravated form all

the disagreeable symptoms of a cold in the head; if located lower there will be cough and probably some difficulty in swallowing or breathing. Catarrhal symptoms, though generally associated with la grippe, are not always present. Another type of the disease is the gastric or gastro-intestinal, in which there is a catarrhal inflammation of the digestive tract. When the disease assumes this form the gastric disturbances are most marked, the patient having coated tongue, probably suffering from nausea and vomiting, severe pains in abdomen, diarrhoea or even dysentery. In these cases the nervous symptoms are generally also present, and the patient will have complete loss of appetite. Other types of the disease are the cardio-pulmonary, which is specially dangerous in the aged, and the febrile type, which is most common among children. An almost constant feature of the disease is great depression of spirits and a pronounced debility. From the very first. prostration out of all proportion to the severity of fever and other symptoms may be present, and it is one of the most frequent after-effects of the disease, the prostration often remaining in marked degree long after the acute symptoms have passed away. Chill, followed by fever, is one of the commonest symptoms, and the writer has observed a number of cases (all occurring in the same locality during the same local epidemic) in which chills were one of the most pronounced features of the disease. the patients during the first two or three days suffering from rigors as severe as those of ague and finding it well nigh impossible to get comfortably warm. After the initial chill the temperature perhaps rises to 101, or ranging from that to 103, or it may be much higher. The fever stage generally lasts from two to three or four days, after which the temperature may become subnormal; or the fever may linger for a week. In the gastric or gastro-intestinal form of la grippe the symptoms sometimes strongly resemble those of typhoid, and in the nervous type the symptoms may resemble cerebro-spinal fever.

Although la grippe is said to have had a large mortality in some epidemics, it is not usually regarded as severe in itself. Considering the great numbers of persons affected the mortality is very small. The danger seems to lie in the liability of some complications arising during the convalescing stage, the danger being more from the diseases that are apt to follow la grippe than from la grippe itself. The most common complications are bronchitis and pneumonia in various forms, the latter being always very serious. We are told that typhoid fever frequently attacks patients suffering from the after effects of la grippe, this no doubt being due to the fact that the powers of resistance against infection are lowered by the debilitated condition following the disease. Meningitis occurs as a complication in some few It is always serious and often quickly fatal. Neurasthenia develops in a considerable number of cases, and insanity has been known to result in some. Diseases of the eve and ear are also classed among the after effects of la grippe. The aged are particularly susceptible to the complications that involve the respiratory tract, and in the case of the aged and feeble such complications are, of course, especially grave. In those cases where the catarrhal inflammation has been a pronounced feature, pulmonary complications are most liable to occur. The bronchitis that sometimes follows may assume a grave type and prove almost or quite as severe a complication as pneumonia.

As regards treatment there are doubtless a majority of cases that do not call in the services of either doctor or nurse and make a good recovery without the aid of either; and in a good many instances, where a nurse is called to a case of la grippe, it is apt to be of a severe type or the danger of complication imminent. The la grippe patient should remain in bed as long as there is fever or pain. An abundance of fresh air. without draughts, should be secured, and as long as the prostration continues every precaution should be observed to avoid taking cold, and overexertion must also be guarded against. During the fever stage, liquid diet is advisable -milk diet-or, if desirable to vary the monotony, expressed beef juice, beef tea, broths or some of the patent food preparations may be used. During the convalescing stage a specially nourishing diet is required, which does not mean that the patient must be prevailed upon to eat a great quantity of strong food, but that it is essential to provide food that, while not overtaxing the digestive organs, will be ample in quantity and sufficiently nourishing in quality to build up the strength. In the dieting of patients, special conditions in individual cases must of course always be taken into account, as a food that may prove of great value in one case cannot be absolutely relied upon to have a similar effect in the next.

The treatment of la grippe generally includes a purgative at the start, and if necessary some laxative medicine to

keep the bowels free afterwards. The skin must be kept clean and active. Warm baths are often used with good results, these having a beneficial effect upon skin and kidneys. A bath will sometimes be all that is necessary to soothe a restless patient. If a patient suffers much from headache a foot bath will sometimes give marked relief, or the result may be better if lower limbs are also immersed. Hot fomentations may be used to relieve pain in abdomen or in region of stomach. If the pain in back over region of kidneys is very severe, hot fomentations, hot turpentine stupes or hot-water bag may be used to give relief. In cases where there are severe pain and great sleeplessness, ten grains of Dover's powder is often ordered with good results. In convalescing stage stimulation may be necessary, and to watch for any condition indicating its need and to be vigilant to detect and report as early as possible any symptoms that may arise which point to some complication is always an important duty of the nurse in charge of a la grippe patient. As in everything else the treatment varies and must depend upon the particular form the disease assumes and upon the special symptoms and needs of the individual in each case. Fortunately the nurse's responsibility rarely extends to the selection of treatment, her duty as to treatment being confined to the faithful carrying out of the physician's orders, which duty she will be all the better equipped for by learning all she can about the nature of the disease, its varying symptoms and types, and the special complications that are likely to threaten the patient.

## Night Duty

ANNE A. WILLIAMSON, Night Superintendent California Hospital, Los Angeles.

VERY little has been written about what is perhaps the most important branch of nursing, namely, "night duty."

Night duty, the bugbear of the pupil nurse, the special aversion of the graduate.

We often hear graduates say, "I never take night duty; I cannot sleep in the daytime." After I have followed their movements for one or two days, I do not wonder they find it impossible to sleep under the circumstances with which they surround themselves.

In the first place, for breakfast they drink strong coffee, then they dress and go out, do shopping, make calls, etc. Returning about noon they sit around the house, eating candy, cakes and other indigestible food, with perhaps a cup of tea, and when they are thoroughly aroused and stimulated for the business of the day, retire to their rooms and wonder why they cannot sleep. Never go out in the morning. The sun is too much of a "waker up," and if sleep is to be induced at a time when nature is not inclined to allow it, don't let "old Sol" have a chance at you or all is lost.

Having for many years made a success of night duty, I gladly give to my fellow sufferers (?) some of the rules I have laid down for myself.

In the first place, the night nurse should have a good breakfast; she is tired and hungry, and sleep will not come to anyone with an empty stomach. She must not drink coffee. It makes no difference if she is positive that coffee will not keep her awake. It ought to, for caffeine, the active principle of cof-

fee, has a particularly stimulating enect on the brain and should be avoided when sleep is desired. After breakiast go to bed at once; no walks, no drives, no visiting; go at once to your room, take a warm bath and go to bed. Be sure you are warm. In the Winter time hot-water bags or soapstones will have to be used, for in the early morning hours the night nurse gets chilled through, and it will be some time before she is warm enough to sleep unless artificial heat is employed to warm the bed. The room, on the contrary, should be cool-or even cold-and dark: have the heat turned off and the windows open, but the shades should be drawn, for even if you think you do not mind the light, nature demands the darkness for sleep.

If possible, the night nurse should have a room alone, for if friends room together there is always the temptation to talk, and conversation destroys all inclination to sleep.

In the afternoon when awaking, unless dinner is to be had at once, the nurse should have some hot coffee or tea, which will take away that feeling of exhaustion so many experience after sleeping in the daytime.

Then is the time to go out in the fresh air, and every nurse should do so, regardless of the weather. A brisk walk or drive, followed by dinner, gives her a feeling of exhilaration and she will go on duty refreshed and ready for anything.

And now a word in regard to drugs, trional, sulphonal, veronal and all those harmless (?) sleeping agents we use

with such a free hand in our hospital work.

Avoid them as you would a poison. The first dose is fatal; avoid the first one. No matter how strong the temptation to try it "just this once," don't do it. Get relieved from night duty; in fact, resort to any expedient rather than induce sleep by such dangerous artificial means. I cannot put this matter too strongly before nurses, for such a small beginning as a sleepless day and a trional powder has led to so many fatal results.

We often hear quite spirited discussions in regard to whether or not a nurse may sleep a little even though on regular night duty, and by regular night duty I mean when a nurse is relieved in the daytime to sleep. To me it seems as though it might be put in the same class as the soldier sleeping at his post. In war times the sentry found sleeping is court martialed and shot, and while perhaps such summary punishment would hardly be advisable in the case of nurses found asleep, still I think the subject is worthy of far more serious consideration than it is apt to receive.

Your patient is ill and wholly dependent on you. All in authority are asleep, you alone keep watch, and often it is a matter of life and death that you are awake and alert.

Even if a nurse wakens quickly, the brain is not so clear and she cannot act as intelligently as she could if she did not have that heaviness about her incidental to sleep. A patient sick enough to have a night nurse is entitled to have that nurse awake and ready to give her instant attention. A great many patients hesitate to call a nurse if they think she is asleep, and will do without things that would relieve her rather than disturb the nurse. It is a great comfort for a patient to have the nurse awake without the trouble of rousing her, and one dear old lady said to me, "I am so lonely when my nurse goes to sleep, and I really feel jealous to think she can sleep and I cannot."

No, a night nurse should not sleep on duty, and I would like to see that printed and hung in every sick room and hospital ward in the country.

It may be hard to keep awake when the patient is sleeping peacefully and there are no duties to occupy your mind, but if you have some simple fancy work or a bit of plain sewing you will find it easier. Once yield to the temptation to indulge in "forty winks" and you will find each night at the same hour that heavy, almost unbearable sensation stealing over you and your eyes will close in spite of desperate efforts to keep them open, the only remedy being to move about. Each night you will find it harder to overcome, and your sleep in the day time will be more and more broken in proportion to the stolen naps at night.

#### Information Wanted.

To the Editor of The Trained Nurse:

I would like to ask Miss A. P. Harrison, who wrote in the August number of The Trained Nurse on the subject of "How to

Feed the Baby and Keep It from Colic," whether she has any rules for the dieting of the nursing mothers. An answer to this query will be esteemed a favor.

AN INTERESTED ENQUIRER.

# Some Experiences of a Visiting Aurse

GRACE MARION PRUE.

ON December the 14th I was called to a case of spinal meningitis, a woman 28 years old. On the 9th she had been exposed from her nephew, a boy of 9 years, who had died. On the morning of the 13th she was taken with chills, head and back ache and general grip symptoms. The next morning a doctor was called, and gave her phenacetine, which relieved her until that evening, when the symptoms returned more severely, with nausea and vomiting. Within an hour she was violently delirious. Morphia gr. 3/4 subcutaneous was given before there was any relief. During the night there were Cheyne-Stokes respiration, involuntary micturition and opisthotonos, 'also "Kernig's Sign." Temperature rose in morning to 103, pulse 140, and she had two periods of delirium until it was necessary to use ether. She was taken to the hospital and died that night.

On the 16th Albert, 6 years old, in the family where the woman had lived as mother's helper, was taken ill in the same way. Temperature 103, pulse 134, respiration 42. Specialists from Boston were called in the morning and the antimeningitis serum from the Rockefeller Institute was suggested. That afternoon a lumbar puncture was made. Two test tubes of spinal fluid very cloudy withdrawn and replaced with 30 c. c. of the anti-meningitis serum. Wound closed with usual collodion dressing. The next day the operation was repeated, but only 1-3 of I test tube of spinal fluid would flow out. The 30 c. c. of serum was given. The doctor said it was usually given on four successive

days, but conditions were so favorable he thought the two were enough. After the second injection the head and back ache ceased. The patient sat up in bed the ninth day and was out of quarantine the fourteenth day.

16th, P. M.—103, 134, 42.

17th, A. M.—98<sup>4</sup>, 112, 28; P. M.—101, 112, 36; serum given.

18th, A. M.—98<sup>4</sup>, 112, 28; P. M.—99<sup>8</sup>, 112, 28; serum.

19th, A. M.—98<sup>4</sup>, 92, 28; P. M.—100, 98, 28.

20th, A. M.—98<sup>4</sup>, 88, 24; P. M.—99<sup>8</sup>, 96, 24.

21st, A. M.—98, 80, 20; P. M.—98<sup>4</sup>, 86,, 22.

Temperature normal after this, both A. M. and P. M.

The 21st, Raymond, eight years, living across the street, was taken the same way. The lumbar puncture was done very soon after he was taken ill, so the spinal fluid was nearly clear, but was found to contain the bacteria on examination. There was only one injection given in this case, as temperature and other conditions were so good. Both boys had an erythema, the same as from antitoxine. The cases were isolated and the usual precautions for contagion taken. Both boys are now well and in school.

The doctor who is making a study of the disease says the germs are very short lived. That 48 hours exposure to sun and air renders them harmless. He believes they enter the system through the nasal tract. The New York Medical Journal recently gave a record of 70 cases in which the serum was used, with no deaths nor bad results. The serum cuts short the inflammation process before the formation of pus. It is interesting to note that the serum costs nothing. Mr. Rockefeller is making all this possible.

Another interesting case I had was a cephalhematoma of enormous size. It was the woman's fifteenth pregnancy, all full term; she had also two miscarriages. She was six months pregnant, and as large as with twins at term. She had been ill nearly all the time, and had been in bed for two weeks. Had nag-

ging pains for several days and then labor set in; examination showed feet in vagina and that the mass was not twins. Further examination found body of six months' foetus with this tremendous head. Doctor carried a pair of scissors past the body up into the uterus and punctured the head. I think fully a gallon of blood escaped, and the delivery was complete. The woman made a good recovery. The doctor had three or four other such cases, but none so large as this. They were all from the twelfth to the fifteenth pregnancy.

#### Sentence Sermons for the Nurse

There is only one way to happiness, and that is found by looking for chances to help other folk.

No great things are done by those who are unwilling to take pains with little things.

If you cannot stand ridicule you never will earn applause.

You can often lead with the silken cord of love when all the cables of logic would fail.

When the wage is the end the work loses much, but the worker loses more.

Success is the ability to make stepping stones out of stumbling blocks.

You must master your own moods

before you can master those of your fellows.

It is better to be faithful than famous.

Work is the only master key which will open all doors to success.

If you would lose all force think always of your own feelings.

The truly goodly see something divine in everything.

The more difficult things are to accomplish the more worth while.

Learn to find life's worth in your work more than in your wage.

Sympathy is a key that fits the lock of any heart.

# Practical Suggestions for Aurses

WHEN opening a room just fumigated with formaldehyde wave a cloth saturated with household ammonia in the air. The ammonia counteracts the effect of the formaldehyde, which is so very irritating.

After using permanganate of potash and oxalic acid solutions, a solution of sterile lime water proves very soothing to the hands.

When a patient is first allowed to take a few steps, it is best for him to wear high shoes, as the shoes are more support than soft slippers, and the tingling sensation usually experienced is not noticed.

Poultices can be reheated by steaming.

When making a mustard plaster, heat an old plate and lay the plaster on it for several minutes before using.

To start water running through an ice coil, use a bulb syringe if there is difficulty in getting the water started.

When a patient is unable to have the head high enough to use a basin when brushing teeth, a soap dish proves very convenient.

When too ill to have the teeth brushed, the nurse should get sticks, five or six inches long, and wrap the ends with cotton and frequently swab the mouth with a soothing mouth wash.

When the patient is so emaciated that the ears have a tendency to become sore, make tiny circular pads out of horse hair, wrapping them with cheesecloth.

A hypodermic needle can easily be sterlized by boiling in a test tube. To sterilize the tablets, dissolve in a spoon and boil. For this purpose a candle is very convenient. Use an old spoon; it can easily be cleaned each time by rubbing with cotton wet with alcohol. To clean the needle after using, place the point in cotton wet with alcohol and draw the piston in and out several times. The cotton fibres being wet, do not clog the needle and less alcohol is used than when drawing it up out of some receptacle.

Gasoline will remove adhesive straps.

When dressing an abdominal wound it is best to put gauze on top of the cotton, then when the adhesive straps are cut for the first dressing, the gauze can be cut through the centre and the dressing underneath be easily removed. When the wound is redressed, the adhesive straps can be pinned together.

When an abdominal wound is dressed often and adhesive straps are used, fasten them on the hips and turn under the free ends far enough so that the straps will not adhere to the dressings. Then cut a hole about one-fourth inch from each end. Take a piece of linen tape and cut a similar hole in one end. Then draw the tape through the adhesive and through the hole in itself, thus tying it. Then tie the tapes together. It is then only necessary to remove the adhesive when it becomes soiled.

A sheet or towel twisted tight and covered with rubber sheeting will answer for a Kelly pad. When a Kelly pad is used, pin it together at the bottom to avoid splashing.

If silver wire sutures are used for an abdominal wound, place gauze underneath them to prevent the skin from becoming irritated.

In warm weather, if ice cannot be obtained, try putting the jar of milk in a pan of cold water and cover it with a cloth, the corners of which should lie in the pan. evaporation will keep the milk quite cold.

Collodion will often prevent the formation of a bed sore.

Rub sapolio on the window panes when preparing for an operation in private homes.

When rubber tubing is a little too small for an irrigation point, try rubbing vaseline on the point. If the tubing is too large, pinch with haemostatic forceps.

A fountain syringe with a sprinkling nozzle in the tube can be used in place of a shower bath arrangement.

In an emergency, a roasting pan with a board over one end, will do for a douche pan.

A straw or goose quill can be used as a catheter. One physician not able to get a catheter used a fountain pen filler successfully.

A novel way of giving a sweat bath to a patient too ill to sit up: Make a cradle of two barrel hoops cut in two and joined by slats nailed crosswise onto them. After stripping the patient place this cradle directly over the body and, throwing a blanket over this, tuck up the patient well up to the neck and around the body. Insert into one side of this tent the end of a stovepine joint, placing under the other end a lighted lamp. The air under the tent will soon get so warm that the patient will perspire freely in a short time. Place a cold compress on head of patient, and after a good sweat rub off with alcohol as after any sweat bath.

The custom of burning sugar in a sick room is very current among all classes in France, but up to the present has been regarded by scientists as one of those harmless and useless practices which are tolerated by the medical profession. But M. Trillat, of the Pasteur Institute, states that formic aldehyde is given off by burning sugar, and is one of the most antiseptic gases known. Five grams of sugar having been burnt under a ten-litre bell glass, the vapor was allowed to cool. Vials containing the bacilli of typhoid, tuberculosis, etc., were then introduced. Within half an hour every microbe had succumbed.

A doctor writes to a medical journal on a point that will be of interest to nurses. He has noticed that if iodine is painted on the human skin in the dark, and only a red light such as is given by an ordinary photographic lantern is used, there will be quick absorption. The skin will be neither discolored nor blistered, even under prolonged use. The part painted should be immediately covered up, as exposure to any white light fixes the iodine in the skin.

### Dream Roses

H. B. POTTER.

T HE kimono-clad trio in Miss Morgan's room at the Nurses' Home were ostensibly helping her pack her suit case in answer to a sudden call, meanwhile discussing, as is the way of women in general, the deflection of one of their sisterhood whose wedding cards had just been received.

"I call it downright mean to sneak off like that when we are dying to show our good will," complained Miss Taylor.

"She might have had a little more consideration for our supersensitive nerves. I've hardly recovered from the shock," said Miss Von Vimphen, who, fat, fair, and unmistakably German, didn't look as if she had a nerve in her body.

"You're all jealous," declared little Miss Fletcher, dimpling. "There isn't one of you that wouldn't jump at a chance like that—a young man, rich, adoring and handsome. It's sour grapes, pure and simple."

Miss Morgan turned from the mirror, jabbing her hatpins fiercely through her hat. In six years of nursing she had not lost her Puritan convictions, though how she had retained them through her various experiences and vicissitudes only she could tell.

"I think it's perfectly disgusting," she announced. "How any nurse could permit herself to become so familiar with a patient in four short weeks that she would marry him, is beyond my comprehension. There is the hack now. Much obliged, girls. Good bye."

"She didn't mean it," said little Miss Fletcher; "all the same, she'll get into a scrape of that kind herself some day, and it will serve her right, too." A week later came a letter. Part of it Miss Fletcher re-read.

"An interesting case, but hard. My patient is a delirious typhoid, about thirty, the son of wealthy New Yorkers, who have sent him West under the mistaken idea that this is the place for a dissipated young man to brace up."

"Doesn't look much as if she would fall in love with that proposition," soliloquized little Miss Fletcher, "but then, you never can tell."

\* \* \* \* \* \*

The long, hot afternoon wore on. Miss Morgan sponged faithfully, and as faithfully administered nourishment and medicine whenever her delirious charge could be induced to swallow. The eternal vigilance that is the price of a delirious typhoid's life had so told upon her that she felt the need of more rest than fitful snatches of sleep upon the couch in her patient's room. She recognized the warning lightness of her head, which foretold exhaustion, and resolved to request relief when the doctor made his evening call, but instead of the doctor there came a message from him, so she took up the long night watch; not daring to trust the inexperienced landlady.

In the cool of the early dawn her patient grew quiet, and slept, and she, glad to rest her throbbing head, but conscious of the slightest movement of her charge, slept also. It was her name, softly spoken, that roused her. Her patient was looking toward her with wide open, sane eyes.

"Have you forgotten, dear?' he asked. In her striving after an elusive memory, she crossed the room and knelt beside the bed, scarcely conscious that she had moved. His thin hand drew her head down to his pillow, and his fever-burned lips touched hers.

Then she walked in a garden which lay, terrace below terrace, at her feet. Her gown, of some shimmering material glinted in the sunlight. On every side, over walls and terraces, and the sombre stone mansion itself that towered above her, rioted trailing vines and roses of incomparable beauty. In the shadows of the great oaks romped a boy child, quaintly clad. Across the grass strutted a peacock, its gorgeous plumage spread. The song of birds and the low tinkle of fountains filled the air, while the perfume of the roses, heavy, sweet, fell about her like a mist.

But she did not walk alone. He was beside her, not as she had known him, but in the glory of his strong, young manhood, and in some indefinable way she understood that this was as it had been from the beginning. Himself and her, the Paradise of their home, and their child-romping on the shadow-checkered grass.

Miss Morgan lifted her head from the pillow, and looked long upon him, white and wild-eyed, vainly trying to quiet her whirling senses. What far-off heaven had she glimpsed? Was it but the fantasy of an overwrought brain, or had he, indeed, led her down through the ages, home? At last with a little sob, she put her lips to his hot forehead, and in the late afternoon when the hot sun beat upon the roses over the door, she closed his eyes, while the heavy, cloying sweetness of the blossoms crept in and settled about them.

\* \* \* \* \* \* \*

"Home again?" said little Miss Fletcher, cheerfully, though shocked beyond expression at her friend's white face, and the purple shadows under her eyes.

Miss Morgan was removing her hatpins.

"Yes," she answered slowly. "I've been gone just three weeks, and I've fallen in love with my patient. Those roses are beautiful, Marion, but will you please take them away. I can't bear the scent of roses. My patient is dead."

### Esperanto Grammars Free

The editor has received the following communication, which is published for the reason that Esperanto, the international auxiliary language, appeals strongly to many who have the interest of humanity sincerely at heart, and especially to those who believe in the ultimate victory of peace, brotherhood and good-will among mankind. In Europe Esperanto has already attained immense popularity in medical organizations, and the Red Cross Society has seriously taken up the propaganda.

"Dear Sir — Notwithstanding the great amount of publicity which has been given to Esperanto, the international language, I find that at this time not more than one-tenth of the people of the United States have even a vague idea of its purpose and scope, and perhaps not one in a hundred has a reasonably definite conception of it. As a sort of counter irritant to the irresponsible criticism which is occasionally circulated by the uninformed, I have printed for a free distribution a second edition of 100,000 copies of a small primer, 'Elements of Esperanto,' setting forth the grammar, word construction and purpose of the language, and will mail a copy to any person who requests it, sending stamp for postage. Cordially yours,

"ARTHUR BAKER,
"Editor Amerika Esperantisto.
"186 Fortieth street, Chicago, Ill."

## The Diet Kitchen

ROSE E. GROSVENOR,

Past Diet Matron, Iowa Soldiers' Home Hospital.

### Fish and Fish Dishes

A<sup>S</sup> ordinarily used, the term fish includes, besides the fish proper, many other water animals, as oysters, clams, lobsters, etc. The term "Sea food" is often used to cover the whole group, or more particularly salt water products as distinguished from those of fresh water. The division of fish food to be treated in this article will be fish proper, both fresh and preserved.

In the matter of composition, fish, as a class, belongs to the proteid foods and from the standpoint of both nutritive value and palatability is, according to a recent government investigator, an important food product, and as shown by his experiments is equal to beef as a source of energy in diet.

The nutritive value of fish depends to considerable extent upon its digestibility. Available experimental data shows that the white-meated varieties are the least nutritive and the leaner sorts more easily digested than those containing muct fat. fresh cod, haddock, trout, pike, etc., being more readily digested salmon, shad or mackerel. Therefore, the non-fatty varieties should be the ones chosen for invalid diet, although salted, smoked or dried fish, on account of being concentrated by evaporation, are richer in nutritive material, pound for pound, than fresh fish. The process of curing renders them less easy of digestion. For this reason it is best to discard fish thus preserved from the

diet of the sick unless it be salt cod, which may be used occasionally. Canned fish, which is in effect cooked fish, is said to compare favorably as regards composition with the fresh material, but as it seems peculiarly suited to the growth of micro-organisms when exposed to the air it should be used immediately after opening.

Fish, more than most foods, requires careful selection, preparation and thorough cooking. To be desirable at all it must be strictly fresh, well chosen for the manner in which it is to be prepared and invitingly served.

As the least particle of putrefaction is quite frequently accompanied with the formation of ptomaines, great care should be taken to use fish only when it is in thoroughly good condition. Fish which has been frozen, then thawed and kept for a time before cooking is especially likely to produce ptomaine poisoning. Decomposition is easily recognized by the bad odor of the fish. In general it may be said that fish is unfit for food when the eyes are dull and sunken, the gills pale red, the body limber and the flesh soft. Good, wholesome fish, if laid in a pan of water, will sink, while those decomposing will float. Fish steaks should have firm flesh and glittering, clear skin.

The best fresh water fish sold in the interior are the white fish, lake trout, lake bass, pike and pickerel, the first named being the best and most delicate

and having the least bones. Fresh fish are sold in the market either whole or dressed, sometimes only the entrails are removed, but often when fully dressed for cooking the head, fins and less frequently the bones are removed. Large and medium size fish only are suitable for boning. In fact, all fish are of finer flavor with the bones left in. If it should be necessary to dress them at home, scale and clean as soon as procured, rinse well in cold water, then drain, wipe dry and keep cool until needed. Fresh fish should never be soaked in water except when frozen. when they should be placed in ice water to thaw, then cooked immediately. Salt fish must be soaked over night in plenty of water, skin side up, that the salt may freely sink to the bottom of the pan.

In the preparation of fish for the table the method of cooking which retains the most nourishment is broiling, baking the next best and boiling and frying the poorest of all, steaming being preferable to boiling. Beside the above methods of preparation, excellent fish dishes, such as scallops, souffles, croquettes and salads may be made of remnants of any variety of cooked fish, and are acceptable either for entrees or luncheon dishes. The best variety to select for the different methods of cookery are as follows: For broiling: Lake trout, white fish, shad, fresh mackerel, halibut and salmon steaks and all small fish. For baking: All varieties except the very small fish and fish steaks. For boiling or steaming: Haddock, black bass, fresh

cod, white and blue fish. For frying or sauteing: Fish steaks and all the small fish, such as brook trout, smelt, perch and bullheads. The very large fish are generally cut into thick steaks of suitable size for broiling or sauteing. The medium large are split open down the back and broiled in halves, while all small fish are broiled without splitting by cooking alternately on each side. turning often until well done. All the varieties given as suitable for broiling should be broiled 15 to 20 minutes in all except salmon and halibut steaks; these broil 12 to 15 minutes, and small fish 5 to 10 minutes.

In baking, allow one hour for salmon, bass, halibut and shad. And for whitefish, trout and pickerel, one-half to three-quarters of an hour. In boiling halibut and salmon allow 15 minutes per pound, Bass, haddock and cod. 8 minutes, and in frying or sautéing small fish allow 10 to 20 minutes in all. After properly cooking, the next important point is the serving. One of the most essential things at this stage is to have the fish hot, neatly dished and accompanied with an appropriate sauce. A few of the favorite sauces for serving with the white-meated fish are drawn butter, cream, egg and parsley sauce. sauces, such as tomato, sauce piquante or sauce tartare, being most acceptable with the oily fish, such as salmon, bluefish, mackerel, etc.

Sliced hard-boiled eggs, lemons, parsley, cress and olives may be satisfactorily employed as garnishes.

# Editorially Speaking

### Why Not Be Consistent?

THE reactionary movement, which nurses in general are urged to resist with all the vigor they are capable of, is in its very essence a protest against so much medical instruction and so much utterly useless teaching which has been forced on nurses while in training. All other features of the movement are secondary to that one thing. The New York Hospital authorities who were among the first to rebel, and who are giving diligent study to that phase of training with a view to its correction, assert their willingness to return to a three-year course or even to give a fouryear course, if they can be convinced that it is necessary in order to send out nurses properly trained.

That those who are so violently opposing the reactionary movement, or the attempt to get nurse training on a rational basis, are convinced that there are sound reasons for such a protest on the part of hospital authorities, physicians, nurses and others interested, is evident. Why, then, are they fighting it? Consider, for instance, the following statement made by a speaker at the Richmond convention: "Many a school is turning out nurses who do not understand how to give a dose of castor oil, nor how to make an oyster stew, and it is not the poor schools altogether, either. One thing that has impressed itself upon me very strongly is the fact that so much of the teaching of our schools as is shown by the examination papers is along the line of medicine instead of nursing." And yet, this same speaker is urging nurses to resist any change in methods. She has reiterated precisely the same opinion which has been expressed by practically every one interested in rational training, and yet she cannot speak too bitterly of those who voice the same opinions.

By all means the most significant statement (and certainly an eminently creditable and sensible one) made at the convention referred to was the following: "I feel more and more every year that perhaps we have been going ahead too fast. \* \* \* I think we might almost have had an insurrection in New York if we had not had the advice of the Department of Education to guide us and keep us balanced and prevent our rushing ahead and thinking we were going to reform the earth all in two or three years." This is a candid admission of mistakes made in the past, a confession for which all concerned must respect the speaker; but why not act in accordance with the spirit of that confession? Why oppose any attempt to slow up, why oppose any change in methods after making a public confession of mistakes?

There is no question that the Board of Education has had a difficult task for the past five years in New York trying to restrain these people who wanted to reform the earth in two or three years. Now that the hospital authorities and physicians have come to the

assistance of the Department of Education we may hope the joint efforts will be successful and that training schools may land on a safe middle ground. But the question is when leaders publicly admit that present methods are unsound from a nursing standpoint, when they publicly confess their mistakes, why do they urge nurses to resist every attempt at changing the conditions of which they complain? Truly, consistency, thou art a jewel.

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### Discussion of Dr. Cabot's Paper

In the March number we presented a paper by Dr. Hugh Cabot, "Is the Three Years' Course in Training Schools for Nurses Unnecessarily Long?" and in this number we give the very interesting discussion which followed the reading of the paper. It will be seen that with two exceptions the speakers were in favor of a two years' course or a two years' course with an elective third year. As the chairman stated, the question of "elective" seems to be a compromise between two views.

It is quite apparent that little headway will be gained toward a unanimous opinion regarding the length of course until we can reach a unanimous opinion as to what shall constitute the course. Is it to be a training for the proper care of the sick in the hospital and home, or a "liberal education"?

Dr. Cabot calls attention to the frank avowal of a superintendent of nurses that the modern training school is not only training nurses in the ordinary sense of the word, but is also preparing pupils for other branches of social service, such as health board, factory and bakeshop inspection, charity organization work, etc.

We agree fully with the following pertinent statement: "In any case, it seems to me that training schools for nurses should no longer be spoken of as such, if it is their avowed purpose to train women for very much broader fields. If they no longer devote their time to training of nurses, this fact should be clearly stated in the prospectus, and those hospitals which do confine themselves to training women for the care of the sick should not be criticized because they do not go beyond their avowed purpose."

During the course of the discussion of Dr. Cabot's paper the question arose as to why the New York Hospital went back to the two years' course. As there seems to be considerable misunderstanding on the subject, we believe it is opportune to present the reasons as set forth by Dr. Samuel W. Lambert in the "Alumnae News." These will be found in the Letter-Box of this issue.

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### Some Recent Decisions

In the March number we called attention to the rather premature rejoicing in certain quarters over the presumed settling of the vexed question of the length of training school course. We also predicted that the Visiting Committee's report, however interesting, would not carry with it great weight, for reasons which we stated. In verification of our prediction, Commissioner Robert W. Hebberd of the Department of Public Charities, New York City, in spite of the report, has re-established the two years' term in the Kings County and New York City training schools for nurses under his jurisdiction.

Another interesting fact bearing upon this subject is that the Board of Directors of the training school recently established in connection with the University of California Hospital has decided on a two years' course, with a third year as post graduate. It has also decided not to set the usual age limit for applicants, but will take them as young as eighteen years, letting the decision rest on the personal fitness of the applicant. There will also be three nurse representatives on the Advisory Board of the training school.

In our opinion these decisions are wise ones. While we have favored the shortening of the regular course, we have always advocated post graduate work or an optional course. In regard to setting an age limit for applicants for the training school, many years ago Dr. Weir Mitchell pointed out that many valuable women were lost to the profession by the rigid adherence to a set of fixed rules rather than a consideration of the personal qualifications of the candidate, and more recently a writer in the National Hospital Record has pointed out the undesirability of drawing the lines too tight in this regard, and has raised the question as to whether the age limit might not be one of the factors in the waning nurse supply.

From the decisions quoted it would seem that the so-called "retrograde movement" had been in no wise checked, but rather given more impetus.

### The Male Nurse

THE letter from Mr. Boothby in the Letter-Box of this number brings to mind some opinions regarding male nurses as expressed by those who had gained their experience as teachers in training schools for male nurses. The quotations are taken from personal letters and are as follows: "My experi-

ence with the men nurses gives me an excellent opinion of them; some are fine men as well as devoted nurses, and I was astonished to find that sentiment had led many of them into the work. Of course they do not work exactly as the women do, but as a class I think they are not appreciated."

Another letter says: "I saw in the Journal the other day the statement: 'There are no nurses but women.' I beg to differ, having seen men who were devoted nurses and more tender than the average woman." It must be understood that these tributes to the male nurse come from women nurses, and we take pleasure in publishing them. While it is undoubtedly true that the great bulk of nursing the sick must devolve on women, still, as Mr. Boothby points out, there are cases and occasions when the male nurse seems absolutely indispensable.

### Miss Hudson's Paper

THE ideas expressed by Miss Hudson in her paper on State Registration in this number are on the same broad lines as those expressed some years ago by Miss Sylveen V. Nye of Buffalo, but with the added value of the actual working experience of registration laws, which Miss Hudson has gained as a member of the State Board of Nurse Examiners.

We may not all agree with Miss Hudson in regard to the very long preliminary preparation nor as to the A. B. degree and other minor points, but all must admit that this is one of the most thoughtful, most carefully worked out and well expressed articles on nursing matters which have yet appeared.

Not the least of its value is the bringing into the "limelight" of the misuse of the R. N., which has been the subject of so much adverse criticism outside the profession. When we consider that this same R. N. is in no possible sense a degree, the tacking it onto one's name at all times and on all occasions shows little appreciation of the fitness of things. This very forceful presentation is rendered all the more so by the fact that Miss Hudson is not only an R. N., but also has a real degree of A. M., which she modestly refrains from using. We commend Miss Hudson's paper to all those interested in State Registration for Nurses.

### Hard to Decide

We find ourselves in a rather difficult position in regard to the suggested change in The Trained Nurse. At first the nurses who wished the Nursing World Department cut down were far in excess of those who wished it kept to the present number of pages, but

as time went on the other side gained, and at present writing the opinions are about evenly divided. The following letters will serve as specimens representing each side.

"Dear Editor—Please cut down the 'Nursing World' as much as possible and give us private duty nurses' something more helpful. I always come to The Trained Nurse for my inspiration and help, and it never fails me, but please give us more of it. Yours,

"DORA BATTSON."

"Dear Editor — Please keep The Trained Nurse as it is. Don't cut down the 'Nursing World.' It is often the only way we ever hear of old friends.

"E. M. SWAINSON."

One subscriber has suggested that we increase our number of pages and thereby sacrifice nothing. This is no doubt a happy solution, and would be quite possible if each subscriber who wishes this would send us just one new subscriber.

### News From Illinois Wanted.

To the Editor of The Trained Nurse:

I was glad to see in the December number Letter-Box a list of questions asked by "An Often Perplexed Nurse." They are exactly what I have wanted to ask.

I am also much interested in the articles on the question of fees, and how the patient of moderate means is to be cared for. It is a problem here in our small city, where we have two good general hospitals and three private ones. One thing I have not found is something about the Illinois State Association. I do not know what is being done by our State. Will some one please inform me through The Trained Nurse?

AN ILLINOIS NURSE.

### Testimonial.

To the Editor of the Trained Nurse:

THE TRAINED NURSE is a fine magazine, and personally do not think that I could give it up for any other. My opinion would be to cut down the Nursing World news and to devote the space thus gained to practical articles, for that is what the private duty nurse needs. I have found your practical articles very helpful.

In regard to the nurses' fee, think we should have a stated or standard price. My experience has been that those in moderate circumstances paid the nurse's fee more willingly than some of their wealthy neighbors.

Very truly,

L. WINFIELD.

# In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### Indiana State Association.

A meeting of the Indiana State Nurses' Association will be held at Fort Wayne, March 27 and 28. The speaker of the occasion will be Miss Isabel McIsaac, whose subject will be "What Work Do the State Societies Do After Registration Has Been Secured.

### Los Angeles County Nurses' Association.

The Los Angeles County Nurses' Association held a regular meeting Tuesday, February II. Miss Wheeler, daughter of the late General Joseph E. Wheeler, was the guest of honor. Miss Wheeler related some of her experiences during the Spanish-American war. The following papers were read: "Venereal Diseases; Cause and Danger," "Gonorrheal Ophthalmia."

### Louisiana State Nurses' Association.

The fourth annual meeting of the Louisiana State Nurses' Association was held February 22 at the New Orleans College of Dentistry. The following officers were elected: President, Miss Fromherz, of the Touro Training School; first vice-president, Mrs. L. Breaux, of New Orleans Sanitarium; second vice-president, Miss Lillian Hewitt, of the Charity Hospital; secretary, Miss M. H. Mims, of the New Orleans Sanitarium; treasurer, Miss Seddon, of the Charity Hospital. New members elected were Miss Tisdale and Miss Melancon, of New Orleans Sanitarium; Miss E. M. Weathers, of Garfield Memorial Hospital; Miss E. C. Criswell, of Chicago Baptist Hospital; Miss M. E. Hardie and Miss Fritsch, of Hotel Dieu.

### Michigan State Nurses' Association.

The sum of \$560 has been sent to the Associated Alumnae by the Michigan State Nurses' Association, its contribution to the Hospital Economics Fund.

This was sent as a memorial to Miss Mary Smith, a charter member, who died at Harper Hospital of pneumonia, contracted while nursing a patient. A part of this sum was given by her family as a special memorial.

Miss Smith was a graduate of the Farrand Training School, Detroit, and was the one who started the work of raising funds for this purpose in our State. It was largely due to her untiring efforts that we are able to send this money.

### District of Columbia.

The Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration April 30, 1908, at Garfield Hospital. All applications must be filed with the secretary of the board by April 15, 1908.

### The Associated Alumnae.

The eleventh annual meeting of the Nurses' Associated Alumnae will be held in San Francisco, Cal., May 5 to 8. The meetings will be held in Golden Gate Hall, on Sutter street, and the headquarters will be the St. Francis Hotel.

Some of the topics to be presented are: "The Nurse in Preventive Medicine," "The Nurse in the Public Schools," "Children's Clinics," "Tuberculosis," "The Curriculum," "Nursing the Insane as Part of a Three Years' Course," "Home Life of the Pupil Nurse," "Clubhouses and Registries," "The Question of Nurses' Charges," "The Responsibilities of the Private Duty Nurse in the Associations."

The Inter-State Secretary's report will be heard on the last day; also papers on "Progress of Registration in Foreign Lands," "The Effect of Registration in the Profession and on the Individual," "Difficulties of Examining Boards" and "Work of the State Associations After Registration Has Been Secured."

The California nurses are using every effort to make this convention one of the most notable in the history of the association.

## Superintendents of Training Schools for Nurses.

The fourteenth annual convention of the Society of Superintendents of Training Schools for Nurses will be held in Cincinnati, Ohio, April 22, 23 and 24.

### Spanish-American War Nurses.

The ninth annual meeting of the Spanish-American War Nurses' Association will be held in Chicago, Ill., June 4, 5, and 6, 1908.

An earnest appeal is being made by the society to have all members become life members, and also to have members attend the meeting in Chicago, as it will be an important meeting, and their support is needed to act on new legislation for the society.

Will members kindly signify their preference for a place for holding the annual meeting in 1909? Seattle, Wash.; Philadelphia, Pa., and New York City have been mentioned. Yours very respectfully,

AMANDA A. LUDLOW,
President S. A. W. N. Association.
REBECCA JACKSON,

Fort Hamilton, N. Y., Treasurer-Cor. Sec., March 9, 1908. Overbrook, Pa.

### Camp Nicolas Senn.

The regular meeting of the camp was held on Tuesday, March 3, and after routine business had been disposed of a talk ensued relative to the best way of entertaining the guests who shall be present at the annual meeting of S. A. W. N., to be held in Chicago, June 4, 5, 6.

Mrs. Minteer, who is leaving the city, tendered her resignation as secretary-treasurer of the camp.

The next regular meeting will be held on Tuesday, June 2, at 2:30 p. m., in Mandel's Ivory Tea Room.

### Camp Roosevelt.

The annual meeting of Comp Roosevelt was held on March 2, at No. 596 Lexington avenue. The officers elected for the ensuing year were: Chairman, Mrs. James W. Taylor; vice-chairman, Miss Anna M. Charlton;

secretary-treasurer, Miss Alice P. Lyon. Mrs. Henry Hunt Ludlow, president Spanish-American War Nurses' Association, was endorsed by members present as a candidate for re-election at the next annual meeting of the National Association.

The next meeting of Camp Roosevelt will be held on Wednesday, April 1, from 3 to 6, at the home of Miss M. E. Tuttle, No. 1 Park avenue, Yonkers, N. Y.

ALICE P. LYON, Secretary Camp Roosevelt.

### Pittston, Pa.

There was a large attendance at the graduating exercises of the class of 1908 of the Nurses' Training School of the Pittston (Pa.) Hospital. The exercises were held in the First Presbyterian Church.

S. B. Bennett, president of the Board of Trustees, presided, and in his introductory remarks referred to the work that has been done and is now being done at the hospital. From November 1, 1893, to the present more than 4,000 patients have occupied beds in the hospital, and there have been more than 17,000 treatments, medical and surgical, in the dispensary. During 1907, the fatal results of the Pittston Hospital were only 8 per cent., and of these 4 per cent, died within twenty-four hours after admission. A word in regard to the percentage of foreign cases—a matter frequently commented on. Of the 343 cases admitted during last year 38 in 100 were born in the United States, 9 in 100 in Great Britain and from Continental Europe 53 in 100. So that 47 per cent. of the patients were English speaking people and 53 per cent. Polish, Italians, etc. When it is considered that at least 70 out of each 100 of our mine workers are natives of Continental Europe, it is quite remarkable that but 53 per cent. of the hospital cases are furnished by them.

The address to the nurses was delivered by Dr. P. F. Gunster, a prominent Scranton physician, and was replete with advice and encouragement for the young ladies who were about to enter on the practice of their profession.

The Hon. W. G. Gillespie, Mayor of Pittston, made a brilliant address on the modern hospital and its mission of mercy.

The graduates are Gertrude Beatrice Miller,

Onor Olive Oblinger and Elizabeth Cecelia

A pleasing feature was the presentation of the diplomas to the young ladies of the graduating class. Mr. Bennett made the presentation on behalf of the Board of Trustees in a brief address, in which he said that the diploma was not only a certificate of the trustees' confidence in the graduate, but a legal warrant empowering her to pursue her chosen profession. Mr. Bennett also presented to each of the young ladies, with the compliments of the trustees, the emblem adopted by the Nurses' Training School—an enamelled cross, surrounded by a suitable inscription. Each pin, as it was presented, was accompanied by a bouquet of beautiful roses.

The exercises were brought to a close with the benediction by Rev. R. A. Rinker.

### Colorado Springs.

At the monthly meeting of the Colorado Springs Registry Association, held on March 4, a very interesting address on "New Avenues of Work for Nurses" was given by Miss L. A. Beecroft, Pueblo's newly appointed member on the State Board of Nurse Examiners.

### Indianapolis, Ind.

The graduating exercises of the Indianapolis City Hospital Training School for Nurses were held in Clinic Hall, at the hospital, at 8 p. m. February 6.

The hall was beautifully decorated in the class colors, lavender and white, as was also the nurses' home, where, after the exercises in the hall, a reception was held.

Hart's full orchestra furnished the music for the evening.

Refreshments were served by the members of the junior and freshmen classes.

There were eleven graduates—Miss Martha Evans Smith, Miss Viola Cox Smith, Miss Artie Elizabeth Fisher, Miss Mary Blanche McIlwaine, Miss Anna May Gant, Miss Mary Elizabeth Davis, Miss Lucy May High, Miss Bertha Jane Pember, Miss Blanche Elizabeth Neff, Miss Lela Randolph Davis, Miss Gertrude Glicea Medlin.

### Nashville, Tenn.

The graduating exercises of the St. Thomas Hospital Training School for Nurses were held Wednesday evening, February 12, 1908.

The graduates are Miss Nora Cotter, Tennessee; Miss Elizabeth Busman, Indiana; Miss Annie G. Porter, North Carolina; Miss Ethel Kirkland, Kentucky; Miss A. Murphy, Tennessee; Miss Clara Coomes, Kentucky; Miss M. Steinwand, Minnesota; Miss Estelle Ebbinghaus, Tennessee. After the presentation of the diplomas a 6 o'clock dinner was served to the entire school.

### Savannah, Ga.

The Alumnae Association Park View Sanitarium, Savannah, Ga., meetings in February were well attended, there being more nurses present than at any other time.

The election of officers for the year resulted as follows: President, Mrs. M. S. Morel; vice-president, Miss C. A. Mathiack; secretary and treasurer, Mrs. E. C. Westcott; chairman arrangements committee, Miss H. Schwalbe.

The social meeting held the third Thursday was an exceptionally pleasant one. Several interesting papers were read on "Our Association," "Our Aim" and "Unusual Case in a Nurse's Experience," followed by a very interesting talk by Dr. J. L. Hiers.

Refreshments followed.

### Somerville, Mass.

The Somerville Hospital Nurses' Alumnae Association held its annual meeting and a reception in the parlors of the Y. M. C. A. Building, on Highland avenue, Wednesday evening. February 12.

The nurses were honored by the presence of several of the trustees, as well as Mayor Grimmons, who is also a trustee. The association also entertained, Miss Hogel the superintendent, Miss Irving, er assistant, and the pupil nurses of the hospital.

The following officers were elected: Miss Annie Taylor was re-elected president; Mrs. Annie M. Snow, first vice-president; Miss Virginia Crommetti, second vice-president; Mrs. Bona S. Chillis, secretary; Mrs. M. L. Alger was re-elected treasurer, and Miss Eva A. Mc-Bride, sub-secretary. There were seven new applications presented for membership. Much enthusiasm is shown in the sick fund, which has been recently started, and there was a great deal of discussion as to ways and means to swell this fund, which is very small at present.

At the close of the business meeting the offi-

cers received, while Mrs. Snow, Mrs. Nicholas and Miss Crommetti acted as ushers. A long table in the back parlor was very prettily decorated with flowers, at which Mrs. J. M. Scott and Mrs. C. Nellis poured and served refreshments. The Misses Trueman orchestra rendered very pretty music during the evening. All seemed to have had a joyous time.

### Fall River, Mass.

The regular monthly meeting of the Nurses' Alumnae Association was held on March 4, 1008.

Mrs. George L. Richards read several selections, which were much enjoyed, after which light refreshments were served and a social half hour followed.

There was a good attendance and the regular business meeting was held. A new treasurer was elected, the one elected the first of the year not being able to serve.

LAURA W. WOOD, Corresponding Secretary.

### Albany, N. Y.

The ninth edition of the Albany Nurses' Directory is just out, with the names of 159 graduated nurses, twenty-three more than was listed last year. Only five of this number are male nurses.

At the March meeting of the Albany Guild for the Care of the Sick, routine business was transacted and the reports of the various committees acted upon. The nursing work of the Guild shows no decrease, the nurses having made 1,797 visits during the month of February. There were 239 cases and thirteen nurses were on duty.

A file of reports dating from 1890, when a one-page leaflet was sufficient to give a summary of the year's work to the last annual report with its seventy-eight pages, makes interesting reading.

The following figures speak for themselves:

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The sixth term of the Albany School for Nurses, conducted at No. 7 Hight street, by the Eastern New York School for Certified Nurses, opened the third week in February. This school is proving very successful in its work and has met with the approval not only of our citizens generally, but has also received the endorsement of the Committee on Training Schools of the New York State Medical Society, which represents probably 85 per cent of the physicians of the State. A large number of Albany physicians are down for lectures for the coming year.

At the last graduation exercises seven young women received diplomas as trained nurses. They are: Miss Ellen Daly, Mrs. Louise P. Leo, Mrs. Lillian Mochrie, Miss Anna Tinchin, Mrs. Margaret Rosencrans, Mrs. L. Scott, Mrs. Tomasason.

The work of the school is supervised by Miss Edith Rice, R. N., a graduate of the Clifton Springs Sanitarium Training School, and Miss Louise Noeckel and their assistants.

At the annual meeting of the State Board of Regents, held recently, Mrs. C. N. Simpson, superintendent of the Albany Hospital Training School for Nurses, was appointed to the advisory council of nurses' training schools.

A linen shower was given Miss Killough at the Nurses' Alumnae Club, No. 351 Hudson avenue, in honor of her then approaching marriage to Dr. Bennett Garlick.

On Monday evening, February 24, 1908, the Presbyterian Church, Menauds, was the scene of a very pretty wedding, when Miss Margaret Esther Killough, daughter of Mrs. Katherine Killough, of Menauds, was married to Dr. Joseph Bennett Garlick, of Albany. Rev. Mr. Phillips officiated. The church was beautifully decorated with palms and flowers. The ushers were Dr. Hoffman, of Glen Falls; Harry Jackson, Schenectady; Newton B. Arthur, New York, and Frank Tryst, of Schenectady. The best man was Mr. Ray Stern, of Schenectady.

The bride, who is a graduate of the Albany Hospital Training School for Nurses, wore a handsome empire gown of white messaline, trimmed with princess and filet lace, and carried a shower bouquet of white sweet peas.

The maid of honor, Miss Edna May Van Zandt, wore a dainty gown of pink mousseline and carried a bouquet of pink sweet peas.

A wedding reception followed the ceremony, after which Dr. Garlick and his bride left for a Southern trip. The groom's gift to his bride is a gold necklace, and the bride's gift to her attendant is a pearl pendant and gold chain.

At home at No. 1019 State street, Schenectady.

After years of service as nurse in the State Hospital for the Insane, at Middletown, Mrs. Jennie M. Dunyan died in harness recently. She was an Albanian.

The Training School for Nurses of the Albany Homeopathic Hospital has received from Troop B \$300, being one-half the proceeds of the entertainment given a short time ago.

Dr. Lempe gave an interesting lecture on "Emergencies" to the Alumni of the Albany Hospital Training School at the club house on Wednesday afternoon.

Miss Cecilia P. Templeton, formerly of Albany and connected with the Albany City Hospital, has gone to St. Louis, where she has been made assistant pastor of the First Congregational Church.

Miss Katherine Langford, a nurse at the Albany Hospital, has been ill of scarlet fever.

### Buffalo, N. Y.

The March meeting of the Buffalo Nurses' Association was devoted to a discussion of ways and means to increase the Club House Fund. Several plans were proposed and it was decided to defer action until the June meeting, when arrangements for work will be more presentable. Mrs. Harriet Dorr Storck, Miss Nellie Smith and Miss Hannah Dwyer were appointed a committee to ascertain prices of real estate and to secure options on buildings suitable for a club house.

Miss Edna Abbey, Miss Marie Louise Gag-

non and Miss Florence Tebstock were elected to membership.

A pleasant feature of the afternoon was the singing of Mrs. W. I. Sackett, accompanied by Miss Daisy Small.

By a unanimous vote the members decided to forego the annual banquet and give the money which would thus be used to the District Nursing Association to aid in the work of caring for the sick poor of the city.

This was especially generous, as the association had already contributed to this fund, but the destitution of the city and the pathetic stories of the district nurses touched the hearts of all who heard them and a generous contribution was the result.

Mrs. Henry Altman has been chosen an honorary member of the Buffalo Nurses' Association in recognition of her work in securing medical inspection in the public schools of the city. Mrs. Altman has long been interested in the association, and the members welcome her with pleasure and with pride.

### New York City.

The monthly meeting of the Alumnae Association of the New York City Training School for Nurses was held on Tuesday, March 10, at the Academy of Medicine, from 3 to 6 P. M., Miss Pindell in the chair. The illness of Miss Lay and Miss Muldoon was reported. After the regular routine of business the "Question Box" was brought forth and its contents discussed. The conclusion that might be drawn from the tone of the "questions" was that the members of this association wanted affiliation with all the big societies and a "dance" as soon after Easter as possible. Refreshments were, as usual, served in the banquet hall, presided over by Miss Abrams, assisted by her mother.

FLORENCE M. KELLY, Cor. Sec'y. 420 West 116th street.

### Philadelphia, Pa.

The regular stated meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital was held on March 5 with a very good attendance.

The meeting was short but very interesting. After the business was transacted a social time ensued and Miss V. V. Kahler served tea.

MRS. PHAON J. REX,

Secretary.

#### Married.

Married, March 3, 1908, Miss E. L. Moorehouse, graduate of class '05, West Side Hospital, Chicago, Ill., to Ernest J. Ford, M. D., 1904 Central street, Evanston, Ill.



#### Birth.

Born, in Elwood, Ind., to Dr. and Mrs. C. C. Cotton, a son. Mrs. Cotton was Miss Stella Everinghaus, class 1894, Jewish Hospital, Philadelphia, Pa.



### Personal.

Miss Minnie Lycan, who has been in charge of the operating room of Dr. Holmes' Hospital, Cincinnati, has resigned and will go to the City Hospital, Springfield, Ohio, as assistant superintendent.

Miss Alice E. Traub, of Philadelphia, has been appointed missionary nurse by the Reformed Church of America. She will serve as chief nurse in the hospital just erected in the Hunan Province, China. Miss Traub is a graduate of the Hahnemann Hospital.

Miss Clara W. Dyring, the first superintendent of Hackley Hospital, Muskegon, Mich., will go to Turkey to establish a hospital in connection with an Oriental college at Marsovan.

Miss Mabel Craft, superintendent of the Cottage State Hospital, Connellsville, Pa., presented her resignation at the annual meeting of the Board of Trustees. The resignation was accepted, and Miss Katherine Zeiser was appointed to succeed her as superintendent.

Miss Craft's resignation was prompted by the invalidism of her mother, who requires her attention and care. In accepting her resignation the directors passed the following resolu-

Resolved, That the board accepts the resignation of Miss Craft with sincere regret, having a grateful appreciation of her efficient services during the past two and a half years.

Resolved, That a copy of this minute be engrossed by the secretary and presented to Miss Craft with the good wishes of the trustees.

Miss Anna M. Rindlaub, connected with the training school for nurses, and also a member of the Board of Directors, will succeed Superintendent F. A. Creamer as temporary head of the South Side Hospital, Pittsburg, Pa.

Miss Eleanor Keister has been appointed acting superintendent of day nurses at City Hospital, Worcester, Mass., and it is expected that the hospital trustees will elect her to be permanent superintendent of the entire force of nurses. Miss Clara May Thurston, of Augusta, Me., has been appointed acting assistant superintendent of nurses to succeed Miss Keis-

Miss Susie Hovey, graduate of Wesley Hospital, Chicago, 1902, is making a rapid recovery from a serious abdominal operation, performed February 13, at the Harrison Chapple Hospital, Chanute, Kan.

Miss Mary C. Maguire has returned to her home in Hopkinsville, Ky., after spending six months with a patient in California, Mexico and Texas.

Miss Ruth E. Mason, of Philadelphia, has been engaged by the Delaware Anti-Tuberculosis Society to take charge of the dispensary and the work in connection with that institution at Wilmington.

Miss A. K. Bitner, who has been superintendent of nurses at Hoffman Hospital, Keyser, W. Va., for quite a while, has resigned to accept a position in the Garretson Hospital, Philadelphia. Her successor has not yet been appointed.

Miss Hattie Grant has been appointed assistant chief nurse of the State General Hospital, at Rock Springs, Wyoming.

Mrs. E. M. Swainson has resigned her position as matron of the Silver Cross Home, Maryland, and will join a friend in Vineland. N. J., to care for consumptive children.

Mrs. Florence K. Gray, of Portland, Me., a graduate of the New York Infirmary for Women, and also a graduate in the Swedish system of massage, medical and orthopaedic gymnastics, electro- and hydro-therapy at the Pennsylvania Orthopaedic Institute and

School of Mechano-Therapy, Philadelphia, Pa., has been engaged by the Columbus State Hospital, Columbus, Ohio, to take charge of the mechanical department as well as to instruct the nurses in the before-mentioned branches of mechano-therapy.

Miss Margaret Farrell has been transferred from the Wyoming General Hospital at Sheridan, Wyo., to Rock Springs Wyoming General Hospital. Miss Farrell has been in Sheridan for the past nine months, and has won the respect and admiration of the people of Sheridan, and received a flattering endorsement from the Sheridan County Medical Association. Miss Farrell is a graduate of the Wyoming General Hospital at Rock Springs, and took a post-graduate course at the Presbyterian Hospital in Chicago. Miss Converse has been chief nurse at Rock Springs for the past three years.

Miss Georgia Glidden, Miss Weed, Miss Chamberlain and Mrs. Agnes Kane, 1907 graduates of the Wyoming General Hospital at Sheridan, are doing private nursing in Sheridan and are kept pretty busy. Miss Fennell and Miss Della Christoff have taken up private duty near Cody, Wyo.

Among the students taking the Winter courses in massage, medical and orthopaedic gymnastics, electro and hydro-therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., are the following trained nurses:

Miss E. Charlien Talbot, Terre Haute, Ind., graduate and assistant superintendent Union Hospital, Terre Haute, Ind.

Miss Nana Henderson, Terre Haute, Ind., graduate Union Hospital, Terre Haute, Ind.

Miss Grace A. Palmer, Plainfield, N. J., graduate Muhlenberg Hospital, Plainfield, N. J.

Miss Mary A. Hagan, San Francisco, Cal., head night nurse Southern California State Hospital.

Miss Margaret A. MacBride, Montreal, Canada, graduate Mary Fletcher Hospital, Burlington, Vt., member Canadian Nurses' Association.

Miss Effa Griffin, Oakland, Cal., graduate National Temperance Hospital, Chicago, Ill.

Miss Hanora T. Kelly, Fremont, Neb., graduate Fremont Hospital. Miss Nora A. Thorpe, Nebraska City, Neb., graduate Memorial Hospital, Worcester, Mass.

Miss Katherine Rehsteiner, Evansville, Ind., graduate Crescent Sanitarium, Evansville, Ind.

Miss Jennie M. Malcolm, Bright, Ontario, Canada, graduate and assistant superintendent Paterson General Hospital, Paterson, N. J.

Miss Mary Josephine McCloud, Norwich, Conn., graduate New Haven (Conn.) Training School for Nurses, superintendent of Matanzas Hespital, Cuba, and General Hospital, Mexico City; member Spanish-American War Nurses' Association.

Miss Hannah Stroem, Butte, Mont., graduate Fredericksburg Hospital, Copenhagen, Denmark, and Illinois Training School for Nurses, Chicago; matron of Murray's and Boston and Montana Employee's Hospital, Butte, Mont.

### Obituary.

We regret to announce the death of Miss Minnie A. Arnes, graduate of the Mary Fletcher Training School for Nurses, Burlington, Vt., class 1890. She died at the Graduate Nurses' Home, 25 North Union street, Burlington, February 26, 1908, of pneumonia, contracted while caring for a patient.

Miss Arnes' skill as a nurse, kindness of nature and strength of character endeared her to all with whom she came in contact, either in professional capacity or social intercourse.

Whereas, It has pleased the Omnipotent One to remove from our midst one so dearly beloved for her sterling qualities of heart and mind, an earnest worker in the uplifting of her profession, realizing the loss our association has sustained; be it

Resolved, That we, the members of the Graduate Nurses' Association of Burlington, Vt., her classmates and co-workers, desire to express our grief in our own loss, and to extend to her sisters, brother and more immediate friends our sympathy in their sorrow.

Resolved, That a copy of these resolutions be sent to the family and to The Trained Nurse, and be placed on the records of the association.

The friends of St. Anthony Hospital, Carroll, Iowa, are deeply afflicted at the death of Miss Catherine Osterhout, which took place Jan. 24, 1908. The deceased was graduated from St. Francis Hospital, class of 1905. She

came to St. Anthony Hospital July 5, 1905. Here, as in La Crosse, she endeared herself to all with whom she came in contact. Her charity was unfeigned, her devotedness to her profession exemplary, her self-sacrificing spirit the watchword of her sister nurses, who loved her as a mother. "Do as I have done," she may to each nurse in future say.

BLANCHE BROOKS.
GRACE DAIKER.

Funeral services for Mrs. Libbey Monroe Porter, a Civil War nurse, were held at the chapel of J. William Lee, 332 Pennsylvania avenue, at 11 o'clock Feb. 26. Chaplain Charles C. Pierce, U. S. A., officiated, and the interment was in Arlington.

At the outbreak of the Civil War Mrs. Porter entered the service of the United States as nurse. She was one of the oldest surviving women in this corps. She also served during the war with Spain.

Mrs. Porter was about seventy years old, and had been the president of the Army Nurses' Association of 1861 to 1865; a member of Sheridan Corps, W. R. C.; color bearer of the Edith K. Roosevelt Auxiliary, U. S. S. W. V.; a member of the Red Cross, and other patriotic relief associations.

Mrs. Clara V. Raddatz, the wife of Prof. Charles F. Raddatz, vice-principal of the City College, died Feb. 13 at her home, 3212 Auchentoroly terrace, Baltimore, Md. She was in her seventieth year.

Mrs. Raddatz served as an army nurse, and was signally honored by being complimented in a general order issued by General Hood for "gallant services" in nursing the Confederate wounded. At a reunion of Hood's brigade, which took place at San Antonio, Texas, Mrs. Raddatz was chosen a member of the "Association of Survivors" of that gallant band.

Mr. Edward L. Dodder,
Omaha, Nebraska.
Our dear Friend and Brother:

WHEREAS, The Allwise Ruler of the Universe has permitted the unspeakably sad accident that has taken from you a most loving and tender wife and from us a true and loyal sister and helper; and,

WHEREAS, Bertha S. Teddrowe Dodder was

the organizer of the Nurses' Club of Omaha and its efficient president for three successive years, thereby giving it permanent establishment; and,

WHEREAS, Her beautiful, unselfish character and labors of love for others, so strikingly manifested even in her last sad suffering hours of life, thereby endearing her to us even more than ever; therefore, it is hereby

RESOLVED, By the Nurses' Club of Omaha that we deeply mourn her untimely death and our great loss of a most cheerful and loving companion in our profession of labor and love for suffering humanity.

RESOLVED, further, That we extend to you our deepest sympathy in this your time of unutterable loss and sorrow. And we commend you and ourselves to Him who said "What I do thou knowest not now, but thou shall know hereafter," and together await that day.

REVOLVED, That a copy of these resolutions be published in The Trained Nurse, and that a copy be spread on the record of the Nurses' Club of Omaha.

Frances Elmer, Anna Grote, Eleanor Koran, Committee.

Miss Margaret Porter, of the class of 1893, died January 24, 1908, at the City Hospital, Wilkes-Barre, Pa., where she had made her home and filled the position of bookkeeper and clerk for the last ten years, and where she had been kindly looked after by her sister nurses and friends during her frequent attacks of illness.

Whereas, our Heavenly Father has seen fit to relieve her of her sufferings, be it therefore—

Resolved: That we, as an alumnae association, express our love and sympathy to her family, and be it further—

Resolved: That a copy of these resolutions be sent to her family, also entered on the minutes of our association, and sent to THE TRAINED NURSE.

MRS. ETTA ROACHE,
MISS EMMA LEWIS,
MISS CLARA TREGBOURN,
Committee.

(Continued on page 272.)

# The Editor's Letter-box

#### The Male Nurse.

To the Editor of The Trained Nurse:

From time to time I have noticed in your columns articles pertaining to the male nurse.

Being myself a male nurse of over seven years' experience I feel anxious to have my brothers in the profession know how I feel in regard to our side of the question. We are in the minority, always have been, and no doubt always will be. I am free to say the vast majority of cases are and should be cared for by the fairer sex.

I am just as positive in making the assertion that there are certain kinds of cases where an intelligent male nurse can get just as good results and give better satisfaction to the patient than the female nurse.

I am fully satisfied that some men who practice nursing are not what they should be, and ought to be prohibited from being allowed the responsibility of having the sick entrusted to their care.

Some time ago I had occasion to talk with one of the most prominent surgeons in New England, and he very frankly told me he would not employ a male nurse in any case. And why? Just because several years before he had tried one or two and they were not faithful to their trust. In some cases he preferred male nurses, and upon employing them found them under the influence of liquor and doing other things which no gentleman, say nothing of a nurse, would be expected to do.

Under these circumstances, could any nurse blame the doctor for the stand he took in regard to the male nurse?

With all due respect to the female nurse, I call to mind several cases where their conduct was as unbecoming, and perhaps worse, than the cases already mentioned. No one would entertain the thought for one minute that these were fair examples of the female nurse, but it just goes to prove the bad ones are not all on one side. They are just unfortunate examples with which every class and profession have to deal.

If only the nurses in these particular cases

had to suffer by their actions no one would care; but it throws unjust criticism on those who have their work at heart and are doing all they can to elevate the profession.

While every man is expected to earn a living, dollars and cents should not be considered everything. He should endeavor to attain a good reputation, and his character should be above reproach.

I, for one, would like to see some legislation taken to prohibit any nurse—male or female—from practicing who had been found guilty of misconduct or neglect in any way.

Some have raised the objection that the male nurse is not gentle and is noisy; that he is careless and has no feeling. In some cases this may be true, and such men should be made to see it and not stand in the way of others who are endowed with the qualities which they lack.

Let me note one case which will illustrate my theory. Some time ago I was called one day to a patient, sixty-two years of age, suffering from uremic convulsions. When I arrived, found the patient in a profound coma, and the case looked absolutely hopeless. The family were well to do, and I suggested that we have another nurse. The wife fully realized her husband's condition, and instructed me to call another male nurse at once. At that time I could not recommend any one nearer than Boston, and by the time he arrived we might have no use for him. So I suggested to the physician that we have one of the female nurses in the city.

The wife said her husband was very much opposed to having a woman around him when he was sick, but finally reluctantly consented. The nurse came, and for the next forty-eight hours we worked almost constantly, as many of you know who have had uremia to contend with.

At the end of that time the patient showed sign of improvement, and in a week's time began to convalesce. In twelve days Miss—was discharged and I was retained eleven weeks.

And why-not because of financial reasons,

for they paid me two dollars a day more than the other nurse.

Certainly not for lack of professional ability, for she is considered to be and certainly is one of the best in the State. It was just this—for reasons of his own he preferred to have a man care for him rather than a woman.

I think this will substantiate what I have already said, that in such cases as this and many others I might mention good male nurses will always be appreciated.

VERSON M. BOOTHBY, R. N.

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### Changes in the Training School.

The following letter is reprinted from the "Alumnae News," the magazine of the New York Hospital Training School Alumnae Association.

My dear Miss Young:

In reply to your request that I formulate the reasons which led to the shortening in the course of training for nurses at the New York Hospital from three to two years, I would point out first that most critics of the change miss the main point at issue. There have been proposed two changes in the curriculum for nurses and not one, and the success of the new plan depends on the adoption of both changes. These innovations are, first, the reduction of the period of training to two years, and, second, the placing of graduate head nurses in charge of the wards. Of these two the latter is the important change and the one which is overlooked and neglected by all the criticisms of the proposed system which have come to my attention.

The duration of the term of service is in comparison with this really radical suggestion of minor importance. The only question is, how can the pupil nurses be trained to the best advantage to make them efficient helpers in the sick room, trained to respect and observe the foibles and idiosyncrasies of the individual invalid and to enforce order and routine in the mode of life of persons suffering from illness, who when healthy, may be accustomed to neglect and disobey all the common rules of health.

The old curriculum gave the pupil nurses a certain amount of theoretical instruction, whether wisely selected or not is a question which has had a full discussion elsewhere. I have no doubt that a sufficient amount of theory can be given the nurses in the time

available during a two years' course of residence in a large general hospital like the New York Hospital.

The work of a nurse is concerned with the care of the sick, and amounts to nothing if it is not practical, and I believe she has no use for knowledge either theoretical or practical concerning such medical subjects as "Albuminuria Glycosuria indicanuria" or "Repair of wounds," or "Physiology of heat loss and supply," which occupied equal prominence in the published curriculum of the old three year course with the purely nursing subjects of "Care of patients before, during and after operation," for example.

The argument that such theoretical studies do no harm even if no immediate good results is fallacious, for it is far from harmless to distract a tired woman from her important and useful work with details even of elementary science which can be of no use to her.

The sins of the old curriculum in regard to theory, however, were born of a desire to better the status of the nurse and may be forgiven, just as they will be forgotten as soon as corrected. The errors of the old curriculum in its teaching of practical nursing are not so easy to overlook. The serious results which have followed from the use of hot water bags that were too hot, from burning alcohol in the unskillful application of cups, and from other therapeutic measures entrusted to nurses, have been a direct sequence from the custom of allowing pupil nurses to act as instructors of other pupils in their ward work, and of placing junior nurses on n'ght duty without proper superintendence, or even with none at all.

I would not have you infer from this statement of my views that the New York Hospital has been a flagrant example of all these errors. Nevertheless, it has been a victim of the system and has not been entirely free from slighter cases of such "errors of judgment."

It is believed that such mistakes will be lessened by the presence in the wards of graduate nurses who will act as instructors and head nurses during the day hour. It is not proposed that these graduate nurses shall hold the positions of head nurse for short periods, nor that the appointees shall be recent graduates from the hospital. On the contrary, it is expected that older nurses, who have had experience in institutional work will be secured to take these positions, and that they will be glad and anxious to continue as such ward

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Literature on request.

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instructors for periods of three to five years. It is believed that the holders of such positions will command the appointments to vacancies in other institutions as assistant superintendents and superintendents of training schools. In this way all the work of the pupil nurses will be under supervision throughout the busy hours of the day nursing.

One of the criticisms of the proposed change has been that the nurse would lose the advantage of serving as head nurse and that she would not secure a feeling of self-reliance which is to be obtained by such service. It is believed, on the contrary, that the nurse second in command in such a ward would have fully as much responsibility as would be good for her, and that the added experience under skilled superintendence would fit her better for her future work.

A great deal of criticism has been raised concerning the difficulties of giving a sufficient amount of practical instruction in two years' time, and many special pleas have been made for the continunce of a three years' course, because of the advantage of having a senior staff of nurses on duty. But under the old system, which included the senior staff of nurses, the most important and most responsible positions were never taken by the older pupils of the school. I refer to the pernicious habit of placing junior nurses on night duty in charge of medical and surgical wards, at which time the help of physicians could be summoned less speedily than in the daytime, and when fewer nurses were on hand with not more than a single graduate night superintendent to assist in the care of two hundred or three hundred patients. It would be my hope that the term of night duty should come to be considered the most responsible and the highest position that a pupil nurse could be asked to assume in any hospital service, for I fully believe that a nurse's self-reliance can be better trained, and is better trained, during her period of night duty than as head nurse of a ward when she would be harassed by the many petty details of caring for and overseeing the work of other nurses.

A further criticism has been made that the adoption of a two years' course by the New York Hospital would compel other hospitals to follow this example and that smaller hospitals would not be able to give an efficient training within that period of time. I believe that each hospital must settle this question for itself, and

I do not believe that any hospital should feel bound to follow the example of the New York Hospital unless persuaded that it is to its advantage to do so. I do not see any reason why the small hospital should not stick to the three-year course, and I think it would be advantageous for the pupils in some of them if the course were made four years instead of three.

What I have written above applies to the New York Hospital and with equal force to any large metropolitan hospital with an active, ever-changing service of acute disease.

It is my firm belief that under such a system the nurses will be better trained than ever before, and that under such a system two years is ample time to accomplish this better training.

Very sincerely yours.

SAM'L W. LAMBERT.

### Criticism of a Training School.

To the Editor of The Trained Nurse:

I send a newspaper clipping of a hospital strike. Perhaps it will not help out any, but nurses are long suffering, and I have heard from other sources of the genuine savage love of cruelty displayed by the superintendent mentioned. There is another hospital in the same city that ought to have had the searchlight of publicity turned on its treatment of nurses, and consequent lack of care of patients. The original course of training was fourteen months. Then in their circulars of information to candidates they stated the term to be two and one-half years. The nurses often worked eighteen hours a day, and I know of at least three nurses who never had even an hour off duty for three months. There were usually nine in training; supposed to be a hospital of fifty beds-actually forty-five beds. Such unspeakable quarters for young women who all came from fairly good homes! Each nurse was said to have one-half of every ninth Sunday (if she could be spared). Six had served from eighteen months to two years before they found out they had to serve three years. They had enough to eat, such as it was. The Superintendent of Nurses was kind. She was not to blame. I know now that it did not deserve to be called a training school; but what does a girl from the country know about such things until too late to turn back? Is it any wonder some become callous to other people's suffering when they must endure so much themselves? The six nurses

## The Nation's Tribute

is to the men and things which serve it

Among the lofty shafts of gratitude and appreciation which America raises is the towering though invisible tribute to the service rendered by SAPOLIO

CLEANS SCOURS POLISHES stated their grievances to the board and asked for a shorter term of two years. Some of the complaints were granted as just, but the hours of overwork they said could not be remedied, besides nurses should learn to be on duty many hours at a time to fit them for private practice. As to shortening the term, they could not. It would establish a bad precedent for future classes. They acknowledged the papers were misleading, and said no more should be sent out until corrected. Now they have succeeded in getting the former fourteen months' graduates to return a few at a time. and serve three months longer in the hospital, and in addition give three months' gratuitous service on obstetrical cases, twelve in number, whenever called on. In return the hospital authorities will give them new diplomas saving they have taken a two years' hospital course. All of them have been out in successful private practice, the last class for three years. The work is the same old grind. They teach them nothing new-but probationers are very scarce, and students have been leaving to enter better equipped hospitals. M. B. M.

### A Slight to Colorado Springs.

To the Editor of the Trained Nurse:

The recent appointment of a Pueblo nurse to fill the vacancy on the State Board of Nurse Examiners, caused by the expired term of the Colorado Springs representative, has called forth a storm of protest from interested members who consider it an outrage that such misrepresentations of the true state of things should have been made to the Governor, poisoning his mind against the retiring member who had done good work for her term of three years, leading him to believe that she was "entirely uneducated and most unsuited to the position," whereas she is really a Bachelor of Arts and a graduate of the Episcopal Hospital, Philadelphia, also has had a post graduate course in a New York hospital, and has served with credit as president of her local association for two years.

As vacancies have occurred on the State Board the Springs nurses have not interfered in any way, leaving Denver and Pueblo to recommend to the Governor those they wished to represent them, and feel that Colorado Springs in now entitled to the same courtesy and consideration from them.

They thoroughly endorse the Pueblo nurse's appointment as Pueblo's representative, but naturally resent being cheated out of their own.

With Pueblo's new member and the present secretary, they feel that they have at least two members on the State Board of Nurse Examiners who are a credit to the profession in every way.

This opposition to the rights of Colorado Springs by certain members of the State Board is supposed to be retaliation for the action taken by the Colorado Springs members in withdrawing from an association which could in no sense be called representative, as out of 600 odd nurses in the entire State only 70 are members.

A COLORADO SPRINGS NURSE.

### A Nurse's Enterprise.

To the Editor of The Trained Nurse:

Some readers of THE TRAINED NURSE may be interested in knowing something about the Harrison-Chapple Hospital, as it is a hospital venture of two nurses. Chanute, Kansas, is a town of about ten thousand inhabitants, who have not yet learned to fully appreciate the value of hospitals and professional nursing to the sick.

Nearly two years ago, acting under the advice and encouragement of a few of the doctors (who had vainly urged the city to establish a hospital), Miss L. Ellen Harrison, of Wesley Hospital, 1902, and Miss Bertha Chapple, of Levering Hospital, Hannibal, Mo., 1905, fitted up a moderately convenient dwelling house as a private ten-bed hospital. Miss Harrison, assisted by Miss Hovey, is still maintaining the hospital (Miss Chapple having married a patient within six months after the opening of the hospital). One hundred and thirtyone patients have been cared for, ninety-one operations have been performed, with a mortality of only eight.

The hospital is making something more than expenses, the people are becoming interested, and talk of a city hospital building, so that these nurses feel that they are doing some pioneer missionary work for the sick, and hope they may encourage others to go and do likewise

L. ELLEN HARRISON.

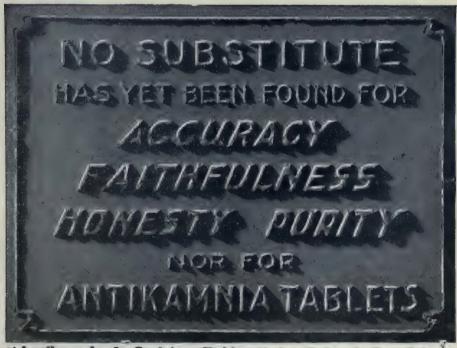
## Rational Therapeutics

is based upon clinical experience. Remedial agents are judged by results obtained in practice. Medicine is far from being an exact science and its art depends less upon Theory than on Common Sense.

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# The Hospital Review

### Mercy Hospital, Des Moines, la.

The plans have been drawn and contract let for the new \$65,000 addition to Mercy Hospital, which will be begun at once. The new wing will give this hospital a capacity of from 180 to 200 beds, making it one of the very best institutions of its kind in the West.

### New Mexico Hospital.

The Presbyterian Church of the United States proposes to build in New Mexico a great hospital for the treatment of consumption at a cost of \$1,000,000. A site near Albuquerque has been chosen.

### Southside Hospital.

Contracts for the entire building and final completion of the new Oliver Memorial Annex to the Southside Hospital, Pittsburg, were awarded to James Stuart, constructing engineer, of Sixth avenue, who has been working on the foundation for the new building during the past two months. The award of the final contract, which is a general one, calls for the completion of this handsome building by August 15, when it will be thrown open for the reception of patients.

The new hospital, which is the gift of the late James B. Oliver, is to be one of the most modern and best appointed institutions of its kind in the State, and will give to the Southside the first complete institution on a modern basis. The new building is to be five stories high, with a frontage of 120 feet in Twentieth street, and a depth of 80 feet in Jane street. It is separated from the old hospital building by an alley, and the plans call for the construction of a tunnel under the alley connecting the new and old buildings, and also an overhead bridge joining the upper floors of the two structures.

There will be 140 private rooms provided on the five floors, besides the general wards, of which there will be one on each floor. Operating rooms are to be of white tile and lighted with special plans for an abundance of natural and artificial light,

When all is completed it is expected to turn the new building into the general hospital and use the present structure, which is much the smaller, into the receiving department, with offices, nurses' quarters, assembly rooms and other executive departments. Together, the structures will make a large hospital, well equipped for the work to be handled.

### Seattle's New Hospital.

Seattle is to have a pulmonary hospital. It was decided at the close of the first meeting of the Washington Society for the Prevention and Relief of Tuberculosis to incorporate at once and use for the enterprise the money that has been bequeathed and contributed for this purpose by the Denny family, amounting in all to \$50,000. A site for the new institution will be selected later. Of the money to be used for the purpose, the late Sarah Loretta Denny bequeathed \$40,000, \$10,000 of which is immediately available, and her niece, Miss M. Lenora Denny, contributed \$10,000.

Dr. W. R. M. Kellogg, the secretary of the society, announced that the following will be the incorporators and act as the first board of trustees of the proposed hospital: R. H. Denny, Samuel Hill, Joshua Green, J. W. Clise, A. S. Kerry, James S. Goldsmith, Dr. J. B. Eagleson, Dr. C. A. Smith and Dr. W. R. M. Kellogg, the founder of the society.

### An American Hospital.

If plans now being discussed are carried out, an American hospital will be established in Guadalajara, Mexico, within the next few months. The present hospital movement was started by Dr. A. W. Parsons, formerly of Mexico City, and the idea is meeting with general favor among colony members.

The need of an American hospital in Guadalajara is generally recognized, and on several

# Food Analysis

The examination of cereal foods by chemical analysis as usually carried out by our Food Commissioners, is apt to be, in some cases at least, misleading.

While Inorganic Chemistry may be termed an exact science, the nutrition of the body tissues is by no means such, and to try to estimate the true "food value" of an organic vegetable product, for example, grape-nuts, from the findings of the laboratory alone, is misleading in the extreme.

A chemist may correctly assert that sugar or butter contains more Calories per cent than grape-nuts. But, to live on sugar or butter is at once seen to be impossible, while persons have been actually sustained for months on grape-nuts and milk or cream, when everything else tried had proved unavailing. The reason is, grape-nuts contains in promptly available form all the various food elements in wheat and barley—the proteids, carbohydrates (the latter largely soluble or easily made so in the system), and those highly important "cell-builders" the organic, elemental salts—phosphates, etc.

These salts are required in such small amounts by the system that it is no wonder they have been overlooked by many. But biology teaches that protein and water alone cannot produce new cells—that phosphates, etc., are absolutely necessary.

Grape-nuts, made of whole wheat and barley, contains this cell-building material so *essential* to metabolism, yet not measurable in Calories!

The practical, clinical and dietetic value of grape-nuts far exceeds any mere laboratory estimate, as has been proven by thousands of cases, over a period of a decade or more.

Liberal samples will be sent prepaid to any physician who desires to test for himself the actual food and tissue building value of grapenuts, and who will send name and address to

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occasions in the past the establishment of such an institution has been talked of.

The plans as now discussed contemplate the appointment of a committee to take charge of the hospital project and arrange for the funds necessary for the establishment of the institution. Later a permanent board of managers will be chosen. It is suggested that monthly subscriptions be collected for the support of the hospital at the start, the regular subscribers to have the advantage of reduced rates at the hospital when ill. For other patients there will be a uniform scale of prices. The American physicians of the city will form the hospital staff, taking charge of the hospital by turns and giving free service to all charity patients.

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### Freedmen Hospital.

The new \$500,000 Freedmen Hospital of Washington, D. C., was opened Feb. 25. By many this new hospital is considered the most modern and best equipped south of New York City. It is constructed of brick and cement, and is fireproof throughout. Accommodations have been made for 200 patients.

### Garretson Hospital.

The new building of the Garretson Hospital, on Hamilton street west of Eighteenth, Philadelphia, Pa., was formally dedicated with impressive ceremonies March 2. The hospital, which will accommodate over 50 patients, is situated in the heart of a large manufacturing district, and upon the installation of the ambulance service will be closely connected with the Samaritan Hospital. Both institutions are under the general control of Temple College.

During the fiscal year recently ended 7,136 patients were treated in the hospital proper, and 20,389 dispensary cases were attended by the hospital staff. A large percentage of the latter came from the neighboring factories. The corps of nurses in the new building will be in charge of Miss Katherine E. Nagle.



### Grace Hospital.

An appeal for aid has been made by Grace Hospital, New Haven, Conn., which was the scene recently of a disastrous fire, and the public of New Haven is asked to contribute funds sufficient to place the hospital once more on its former footing of efficiency.

Work has already been started toward this end, and the building is being temporarily enclosed to protect what is left from the weather.

A meeting of the insurance adjusters was held with the hospital directors, and already permission has been granted to enclose the building so that the work of repairing the interior may be commenced as soon as possible.

The appeal also calls for the public to aid the nurses and hospital attendants, who in their noble devotion to their duty during the fire lost a great part of all that they possessed in the building, some of them losing everything except what they had upon their persons.



### Dedication of Clinic.

The Eye, Ear, Nose and Throat Hospital and the new Clinic building for the poor of New Orleans, La., was formally dedicated Feb. 22. This institution was founded in 1889 by Dr. A. W. de Roaldes, who is still head of the hospital and one of its most ardent workers. Its first home was a modest private residence at 28 South Rampart street. Afterward it was moved to 203 North Rampart street. Here it was many years, and, finally outgrowing the place, it was decided to build a permanent home. The new clinic cost \$50,000, besides the smaller buildings connected with it.

The building is handsomely furnished throughout, and its equipment is the most modern that science has invented, and is not surpassed in this country. The new building was completed last March.

The clinic is nonsectarian and is entirely free to the poor of the community. None of the physicians on the staff, either resident or visiting, receive any compensation whatever, they donating their services to charity.

### Atlantic City Sanitarium.

In the will of Charles E. Wood, a real estate operator who died recently leaving an estate valued at more than \$1,000,000, provision is made for the establishment of a sanitarium at Atlantic City at a cost of about \$300,000, and which is to be on the lines of the Kellogg Sanitarium at Battle Creek, Mich.

## RICH RED BLOOD

### OR BLOOD RICHNESS

Is the main desideratum in many cases. Richness of the circulating fluid in those important basic elements of vitality—hæmoglobin and oxygen,

# Pepto-Mangan ("Gude")

ANÆMIA, CHLOROSIS, AMENORRHŒA, DYSMENORRHŒA, RICKETS, BRIGHT'S DISEASE, Etc.,

By furnishing these necessary hæmoglobin-making and oxygen-carrying elements — Iron and Manganese — in a form for almost immediate absorption. Both repeated "blood counts" and clinical experience go to prove this statement.

PEPTO-MANGAN "GUDE" is put up only in bottles holding 3 xi.

Prescribe original packages, Doctor, and thus avoid substitution. NEVER SOLD IN BULK.

Samples and literature upon application.

M. J. BREITENBACH COMPANY.

LABORATORY, LEIPZIG, GERMANY, NEW YORK

## **Lactated Infant Food**

The Perfect Substitute for Mother's Milk

Comparative Analysis of Lactated Infant Food and Human Milk

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Lactated Infant Food
(300 Grains)
‡pt.milk, *pt.cream, *pt.water
Water87.50
Sugar 5.28
Nitrogenous Matters 3.63
Fat 3.15
Salts44
Reaction Alkaline

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

WELLS & RICHARDSON CO. BURLINGTON, VT.

## Book Reviews

The Good Neighbor in the Modern City, by Mary E. Richmond, author of "Friendly Visiting Among the Poor," General Secretary of the Philadelphia Society for Organizing Charity. Price, 60 cents, postpaid. For sale by the Lakeside Publishing Company.

Here is a little book full of ideas! It will make you think, but it will not give you a headache. The object of the book is to increase charity and direct it along practical lines, so that it will achieve results. On such a subject few are better qualified to speak.

The principle which Miss Richmond would inculcate is neighborliness. Commencing with the parable of the Good Samaritan and ending with the quotation, "He that loveth not his brother whom he hath seen, how can he love God whom he hath not seen?" the whole book is an elaboration of the commandment, "Love thy neighbor as thyself." But it does not stop there. With plain and simple logic, clear to any intelligent person, Miss Richmond proves that a proper neighborliness is the most likely solution of the great social difficulty-poverty. She proves that it is the surest, quickest and cheapest because the least wasteful way to right our social wrongs-a means as satisfactory to the giver as to the receiver when once understood. proper neighborliness is well and clearly defined.

While we have never given a tenth, or even a hundredth, as much thought to these questions as has Miss Richmond, we are delighted to find that many of our independent conclusions agree with hers. Notably, she does not believe that charity can be reduced to a system, and she thinks we are too apt to undervalue personal, unorganized charity. To quote a few of her own words on this point: "There are many things that the good neighbor cannot safely leave to any agency, and this conviction, which I hold very firmly, would seem to be my chief qualification for the present undertaking."

But Miss Richmond does not depreciate the value of organized charity. Far from it. She simply admits it cannot stand alone, or, rather, has no life alone, and is only an instrument for good when in the hand of the good neighbor. Confined largely to New York City, our own experiences with organized charities, outside of the hospital field, have been very unfortunate and depressing. We are, therefore, perhaps not competent to express an opinion.

Miss Richmond also refuses to regard "the poor" as a caste—a view to which many people in better circumstances seem to incline, either consciously or unconsciously.

No one has a better opportunity to see all sides of our social system than has the nurse. This book will help her to understand what she sees. We advise its purchase, especially by district nurses, and assure its readers that they will be instructed in every case, and in almost every instance interested and entertained as well.

Food and Dietetics, by Alice Peloubet Norton, M. A., assistant professor of home economics, School of Education, University of Chicago; director of domestic science. Price \$1.50. For sale by Lakeside Publishing Company.

This is one of the publications of the American School of Home Economics, Chicago, Ill., and like all their works, is written with the avowed purpose of being a part of their course.

Let us state at once that it is not a cook book. It is the "why and wherefore" of food, not how to cook it. In other words, it is a purely theoretical work. Although, paradoxical as it may seem, its theories are very practical. It is a broad, scientific, but very comprehensible, discussion of the food problem in all its branches, cost, its relation to income, health, chemical constituents, etc. It concludes with a chapter on Protein Metabolism in its relation to dietary standards, by Otto Folin, Ph. D., McLean Hospital, Waverly, Mass.

The entire work is interesting and improv-(Continued under Publisher's Desk.)

# Antithermoline

A Superior Surgical Dressing

Made from the best quality of imported Welsh Kaolin



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

FREE to Nurses—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

G. W. CARNRICK CO. 42 Sullivan Street :: New York City

### In the Aursing World—Continued

### Birmingham, Ala.

The third annual meeting of the Graduate Nurses' Association of Birmingham, Ala., was held March 11 at the Hillman Hospital.

After the report of the retiring officers had been given, new officers were elected as follows: President, Annis E. Stay, R. N.; vice-president, Miss J. T. Dainwood; second vice-president, Miss Frances Zinkan. Miss Helen McLean was re-elected secretary and treasurer. Miss Mary P. Nicholls was elected corresponding secretary.

Before the meeting adjourned Miss Dainwood read a very interesting paper on the organization and success of our association and graduate nurses' registry.

For the success of our association much credit is due Miss N. B. Hamilton, our retiring president. Through her efforts and our co-operation we have grown from a chartered membership of ten nurses to fifty-three in the past three years.

Our Graduate Nurses' Association, through the suggestion of Miss Hamilton, agreed to put a district nurse in the field—Miss Forsman—and her success has been so gratifying that we have undertaken even more work for next year.

We have interested some of the charity organizations and a number of women in our city, and have formed a District Nurses' Auxiliary, which has enabled us to employ a colored district nurse also, the colored nurse working among her own people under the direction of Miss Forsman.

In future we will interest ourselves more in the social feature of our meetings and some light refreshments will be served.

Miss Hamilton, in her paper, urged us to have ever before us State registration, and we shall attain it. "This will give us added dignity and a wider scope to our work, and may this year prove our loyalty to our association and to each other, and mark an increase in members and in our usefulness."

MARY P. NICHOLLS.

### Pennsylvania State Society.

The next semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held at Allentown, Pa., on Wednesday, Thursday and Friday, April 22, 23 and 24, 1908. NELLIE M. CASEY,

Assistant Secretary.



### Personal.

Miss Hattie Grant, '07, graduate of the Wyoming General Hospital at Sheridan, has been appointed assistant chief nurse at Rock Springs Wyoming General Hospital.

The appointment of Miss Agnes S. Ward to the superintendentship of the Metropolitan Training School has given great pleasure to every one in any way connected with the institution. Miss Ward is a graduate of one of the early classes of this school and a postgraduate of the Brookline Hospital, Brookline, Mass.

She spent three years in Congo Free State as a medical missionary and about three years in private nursing.

In 1903 she was appointed assistant superintendent, a position she filled very acceptably, displaying marvellous executive ability, great powers of organization and absolute mastery of even the minutest detail of hospital work. The work of imparting theoretical and practical instruction to the advanced classes also devolved upon her. Her excellent education. vast experience in private work and travel combined, eminently fitted her for the work. Always a tireless student for the benefit of her pupils, possessing the happy faculty of imparting her information in a bright and entertaining way, she attained a degree of success reached only by a few. Though a strict disciplinarian, she invariably won the affection of her pupils. Her aim was to set before them only the highest ideals, to encourage them to have an ideal standard toward which they were to advance, to be loyal to one another. and do all in their power to elevate the standard of the nursing profession.

# The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

### The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

### The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys' Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment.

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN @ HANBURYS CO., Limited toronto, can. London, eng. Niagara falls, N. Y.

## A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

# New Remedies and Appliances

### Evans's Antiseptic Throat Pastilles.

Mr. Dudley Buck, Jr., writes:

"Carnegie Hall, New York, Nov. 3, 1900.
"I take pleasure in testifying to the excellence of your Antiseptic Throat Pastilles.
They are certainly most efficacious."

### Attention, Superintendents!

The superintendents and head nurses of many hospitals where only a few babies are cared for may not know that they can buy Pulvola Toilet Powder in large containers direct from the manufacturers at a considerable saving over the price they are now paying for the trade size.

### Do You Know This?

It is scientifically true that individuals whose duties are intellectual observe especially the waste of the nervous system, particularly the brain, and the necessity of restoring it. Horsford's Acid Phosphate supplies that waste and gives the feeling and sense of increased intellectual power.

### Old Age!

Old age may "creep on apace," but many of the so-called inevitable ills of advancing years can easily be corrected by the use of Gray's Glycerine Tonic Comp. It improves the digestion, increases assimilation, promotes normal elimination and is a valuable aid in maintaining the proper balance between waste and repair.

### Straight Goods!

Merle (Burleson Co.) Tex., Nov. 24, 1996.

The Ansarcin Chemical Co., Winchester, Tenn.—Your tablets excel anything it has been my pleasure to use; they are exactly as you represent them, and no mistake is made by any physician using them.

I intend to use these tablets in all my cases where they are indicated. With highest regards, I am, respectfully yours,

J. P. CARRINGTON, M. D.

### Why Go to Nauheim?

A pertinent inquiry addressed to:—those who have been to Bad-Nauheim, those who hope to go and can, and those who want to go and cannot. If you want to know the answer, send for this interesting and instructive booklet, which will be sent you free of charge. Schieffelin & Co., New York City.

### Health Flour.

Our "Health Flour" is a general family flour, containing every essential to the growth and nourishment of the body, entirely free from bran, which will not digest in the human stomach; invaluable to all who need a recuperative and invigorating food, and is particularly suitable for children.

FARWELL & RHINES, Watertown, N. Y.

### Best I Ever Used!

Ogden & Shimer.—I have used two jars of your Mystic Cream and think it the best thing I ever used and would not be without it. It gives the skin such a soft, velvety feeling. Enclosed find an order for twenty-five cents for which please send another jar. I have recommended it to a number of friends who have sent for it and are just as well pleased.

### Miss E. A. Scott, Calgary, Alta, Canada.

### Packer's Tar Soap.

Packer's Tar Soap, pure as the pines, is an ideal cleanser; it is grateful to the senses, lathers freely, cleanses thoroughly, neutralizes the bad effects of cosmetics and leaves the skin delightfully soft, smooth and pliable.

### St. Vitus Dance.

The list of special remedies is a small one, but there is one indispensable medicine, and food combined, which is of paramount importance, whatever else may be prescribed, and that is Scott's Emulsion of Cod Liver Oil.—Dr. Maude Kent, in American House-keeper.

## The Dangers of Cow's Milk

HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlés Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

### SPRING AND SUMMER CLASSES IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics Term: 3 Months Tuition Fee. \$60.00

Course in Electro-Therapy Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms Term: 6 Weeks Tuition Fee. \$30.00

SPRING CLASSES OPEN MAY 14, '08.

SUMMER CLASSES OPEN JULY 8, '08

### **7844 TREATMENTS GIVEN IN 1907**

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months. The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

THE TUITION FEE WILL BE RAISED AFTER OCTOBER 1, 1908

INSTRUCTORS

T. D. TAGGART, M.D. (Jefferson Med. College).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

FRANK B. BAIRD, M.D. (Univ. Pennsylvania).

MAX J. WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL (Pennsylvania Orthopædic EDITH W. KNIGHT Institute).

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Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

### For an Emergency.

An emergency case of severe and extensive burn from falling in hot ash pit, half of right leg, including buttocks, and one-third of left leg. Immediately on my arrival I dressed the wound with Unguentine. Relief came quickly after the dressing. In two days the boy was doing very well, and in a week's time was playing as if nothing had happened.

> EDWARD HOWARD, M. D., Denver, Col.

### Solves the Problem.

The Allen Health Tent is an excellent invention and I heartily recommend it. Those who have this tent will enjoy an abundance of pure outdoor air and reap the benefits. These tents are good for well and ill. The well will flourish the more and the ill will improve and get well. The Allen Health Tent solves the problem of bedroom ventilation.

J. N. HURTY, M. D. Sec. Indiana State Board of Health.

### A Good Thing Cheap!

If you want a good thing cheap sent twenty cents in stamps to Valzahn & Co., Philadelphia, Pa., for their new dropping bottle, the most perfect dropper ever offered to the profession. See the advertisement in this issue. It will drop any liquid not too thick to flow easily. No trouble to keep clean. Keeps all dust from the contents of the bottle.

### Post-Hemorrhagic Anemia.

A good, reliable hematic is early necessary, one that can materially hasten hematosis without endangering the digestive and assimilative functions in any way, shape or fashion. Pepto-Mangan (Gude) is one of the most dependable remedies of this class, and its hematopoietic properties are well known.

### No Longer a Terror.

Pruritus vulvae and ani, as well as itching piles, in my twenty-eight years of practice were formerly considered as terrors to physicians as well as patients. But three cases of the first, two of the second, and one of the third yielded very readily by the use of Resinol.

WM. CASPARI, M. D., Mitchellsburg, Ky.

### A Unique Product.

Horlick's Malted Milk is so convenient that a delicious food drink may be made in a moment by simply stirring the powder in water, so stable that it is used in the most trying climates, is preserved indefinitely, and furnishes the most delicate, palatable and digestible food product. It has received the endorsement, not only of eminent physicians everywhere, but also the approval of actual use in thousands of homes in all parts of the world.—Scientific American, Export Ed., July, 1905.

### Year in and Year Out.

Antikamnia has stood the test of exhaustive trial, both in clinical and regular practice, and has been proven free from the usual untoward after effects which accompany, characterize and distinguish all other preparations of this class. Therefore antikamnia and codeine tablets afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the larynx, as well as the coughs incident to lung affections, grippal conditions, etc.—The Laryngoscope.

### The Human Machine.

We are pleased to again call attention to The Human Machine, the book for the nurse, advertised in this issue. From the time it first came from the press it has received a warm welcome from the profession and its excellence is becoming well known.

Carefully prepared by twelve well-qualified specialists it covers a wide field, is thorough and makes plain a great deal that every progressive nurse desires to know. She who is so wise as to get it will find it a help she would not willingly part with.

### Tonsilitis.

In treatment the first indication is to increase local capillary circulation. A local remedy must fill two requirements, i. e., a detergent antiseptic and a degree of permanency in effect. Glyco-Thymoline, frequently applied in a fifty per cent strength with a hand atomizer, produces a rapid depletion of the congested area through its well-defined exosmotic property.



K. Kellog



### Infant Feeding.

A great deal of painstaking study has been devoted to infant diets and the consensus of opinion seems to be that cows' milk suitably modified, is the ideal substitute for mothers' milk. But cows' milk, alone, however pure, is only suitable for temporary use, for it is neither an adequate nor a well-balanced food for continued feeding. It is always desirable, therefore, to increase its digestibility and augment its nutritive value by the addition of other food substances, and this is the particular mission of Benger's Food.



### Alcohol Free of Tax.

An idea is prevalent that denatured alcohol and alcohol obtained free of tax by hospitals under certain provisions of the Treasury Department are one and the same. This is not so. Denatured Alcohol has as a denaturant a quantity of benzine and wood alcohol, or pyradine and wood alcohol, rendering the article poisonous and unfit for hospital use. Alcohol obtained free of tax by hospitals is absolutely pure and no change has been made in the method to procure it.

F. O. Boyd & Co., 71 Hudson street, New York, N. Y., would gladly acquaint any institution with the details connected with the obtaining of this article and would make no charge for the information.



### Order by Mail!

There are few places where a nurse can secure everything she needs in her profession. In the larger cities the big drug stores have special departments in which are sold everything pertaining to nursing and to the sick room. These departments are presided over by the most competent buyers, and they sell their products at prices often below what the ordinary drug stores are called upon to pay for theirs.

These stores make a specialty of mail order business, and nurses living at a distance can deal with perfect satisfaction.

One of the oldest and most reliable drug houses in the United States is Hegeman & Co., 200 Broadway, with its numerous branches in New York and Brooklyn. They guarantee absolute satisfaction with every purchase.

### Stiefel's Medicinal Soaps.

The gratifying professional appreciation accorded Stiefel's Medicinal Soaps in the three decades of their existence, best evidences their pre-eminence—a position attained and maintained by constant scrupulous selection of the best materials and by conscientious care devoted to their manufacture. Stiefel's soaps are guaranteed to respond to every test for purity, accuracy and reliability. Moré than sixty-seven varieties. Send for free booklet to Schering & Glatz, New York.



### A Hard Case.

W. H., aged 5. Whooping cough. Spasmodic paroxysms of coughing, sometimes being so severe as to cause vomiting. Tenacious mucus was present, requiring great expulsive effort to loosen it. There was little fever, but the patient was much prostrated and weakened by the cough. Glyco-Heroin (Smith) was given in 10-drop doses every two hours with good results. This was combined with hygienic treatment, the patient being given as much of fresh air as possible. In a few days the case was discharged cured.

ARTHUR B. SMITH, M. D., Springfield, Ohio.



### Announcement.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, begs to announce the opening of the Spring class in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy, on May 14, and the Summer class on July 8, 1908.

The system taught is the original Swedish (Ling) System, as taught in the Royal Gymnastic Central Institute, at Stockholm, Sweden, with American adaptations. The students receive daily practical lessons and theoretical lectures on the different branches taught, as well as in anatomy, physiology and pathology, besides attending the Nervous and Orthopaedic Clinics at three of the largest City Hospitals.

The tuition fee will remain the same for the Spring and Summer terms, but on account of the considerable broadening of the courses the rates will be increased after October 1, 1008.

Particulars and application blank may be obtained by addressing Max J. Walter, Supt.

### PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES

School of MASSAGE AND ELECTRICITY

The Original Place and The Original Method

Four months' course of instruction in Massage, Swedish Movements and Electricity

Fee \$75 for Massage and \$25 for Electricity. Board not included Payment in advance

Lectures Given Weekly by Members of the Medical Staff of the Hospital

Practice daily under constant supervision Certificate Given

Classes are formed in October and January. Pupils have access to the Wards of the Hospital and the numerous cases referred from the clinics

For further information address

SUPERINTENDENT

# The Nauheim Baths are given by means of the

## TRITON

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## Bath Salts

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

THE TRITON COMPANY

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Sole Licensees and Sole Agents

The
Successful
Treatment
of
Coughs

The successful treatment of coughs always depends upon the extent to which general as well as local vitality can be raised. This is why

# GRAY'S Glycerine Tonic Comp.

accomplishes results in relieving and controlling respiratory diseases that are seldom observed with any other remedy. It imparts tone to weakened tissues, promotes nutrition and increases vital resistance.

A powerful tonic, a reliable reconstructive and a dependable respiratory stimulant.

THE PURDUE FREDERICK CO. 298 BROADWAY, NEW YORK

### A Word for Passiflora.

I consider your Passiflora a good standby, casting abominable opiates entirely out of use. In looking back over my past and that of other physicians in my locality I can see wrecks resulting from morphine and opium that would not have occurred had we gotten out of the old rut and accepted the remedy God designed for the nervous system. I regard it as invaluable for neurasthenia, insomnia and similar affections, and shall always prescribe it.

J. B. Morrow, M. D.

Tulsa, Oklahoma,

The above letter is one of the many received recently from physicians who appreciate Daniel's Passiflora. As a true and natural sedative it is incomparable.

### + Clinical Popularity.

Llewellyn Eliot, A. M., M. D., surgeon to Providence Hospital and Eastern Dispensary and president of the Medical Association of the District of Columbia, etc., in an article read before the Section on Obstetrics, said: "In irrigating these cases we may use the solution of bichloride of mercury, carbolic acid or any other medication which individual preference may suggest; for my part, I employ a solution of Tyree's Antiseptic Powder, which is non-poisonous." What can better attest its high reputation than the fact that recognition is given by so high an authority? A trial package will be mailed free of charge. Address J. S. Tyree, chemist, Washington, D. C.

### Something Good to Eat.

Kellogg's Toasted Corn Flakes as an appetizer and food for invalids and convalescents furnishes a welcome relief from the usual diet. When it seems impossible to prepare anything that tastes good to your patient try Kellogg's Toasted Corn Flakes, but be sure you get the genuine, for there's all the difference in the world between "Kellogg's" and the imitation.

Warm the flakes in the oven, being careful not to scorch them, as this would impair their flavor. Serve with rich cream while still hot—your patient will relish it.

A request on a postal will bring a large sample package free.

Address, Nurses' Department, Toasted Corn Flakes Company, Battle Creek, Mich.

### Nurses' Handy Book Free.

Newark, N. J.

G. W. Carnrick Company, New York City:

Gentlemen—Will you very kindly accept my many thanks for the Nurses' Handy Book and for the order for a jar of Antithermoline? I well know the good of the Antithermoline in my own family and in private nursing for cases of pneumonia. I keep a jar in the house all the time. Once more thanking you, I remain, yours very respectfully, M. M. H.

Many thanks for the books you so kindly sent us. The girls think they are great.

M. D., Columbus, O.



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# The Trained Aurse and Hospital Review

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## Opsonins and Medical Advance

GERALD B. WEBB, M.D., COLORADO SPRINGS, COLO.

MEDICINE is constantly charged with instability. Because extensive and sometimes fundamental changes of doctrine are constantly taking place, we are told that no reliance can be placed on medicine at all. But analysis will usually show that doctrines and the practice founded thereon were correct under conditions then existing, even when judged in the light of the standards of to-day.

It is eminently fitting, in a health centre for tuberculosis, to speak to you to-night of the present knowledge and treatment of that and other microbic diseases.

To lead up to this position I must give you a short historical summary.

All modern immunity had its beginning in the work of Pasteur. In 1879 Pasteur studied chicken cholera, and discovered the cause. His studies became interrupted by holidays, and, returning to his laboratory, he found almost all his germs were dead. He tried to get fresh growths of them by inoculating broth, and also inoculating chickens. The chickens remained, however, unaffected, and, thinking his material useless, he was about to discard it, when it occurred to Pasteur to reinoculate

these chickens with a fresh, virulent culture. To his amazement, this inoculation of virulent chicken cholera microorganisms left the animal unaffected. Thus the secret instinct of genius grasped an accidental discovery, and won with it a marvelous victory—a means of weakening powerful bacteria and using the same as vaccines to prevent disease.

In 1882 Metchnikoff began working on the theory that the amoeboid cells, corresponding to our white blood corpuscles, in sponges and lower animals possessed digestive functions. In the study of inflammation, he found that when a thorn was placed in the larva of a star fish it was surrounded by these cells. In investigating a disease in the minute, transparent water flea, due to a vegetable parasite, Metchnikoff observed the battle between the invading parasites and the leucocytes (white corpuscles).

From these studies came his well-known theory of phagocytosis that is to say, that the white blood cells, or leucocytes, in accordance with their ancient role as digestants, attack, englobe and digest such foreign elements as microbes, and also rid the system of de-

composing cells and clear away effused blood, as in bruises, black eyes, etc.

Behring next gave to the world his wonderful anti-toxins for tetanus (lockjaw) and diphtheria.

Pfeiffer advanced our knowledge of immunity by discovering that the blood juices themselves could dissolve some bacteria, and this threatened to give the death blow to Metchnikoff's ideas.

When a disease-causing microbe invades the body of man complicated phenomena ensue, the whole process being conventionally looked upon in the nature of a conflict. On the one hand, offensive weapons brought into action by the microbe enable it to pass a phase of its existence before it again makes its exit from the body. On the other hand, the person attacked, or the host, by various defensive mechanisms seeks to protect its cellular units against the advancing microbes.

Microbes seek to protect themselves by the elaboration of poisons. Poisons, then, are the weapons of offense. In certain diseases, as in diphtheria and lockjaw, the germs give off poisons which pass into the circulating blood, while the germs themselves remain at the point of inoculation. In other cases, and these are the more numerous, including nearly all other germs, the poisons are bound up in the microbes, and are only set free when a dissolution of the microbe takes place. This discovery we owe to Dr. Macfadyen, an eminent English bacteriologist, who, only a few weeks ago, became a martyr to his work, and died from having accidentaly inoculated himself in his laboratory with the germs of Malta fever.

What is the defensive machinery elaborated by the host as a response to infection by these microbes? Without some form of resistance the race of man, exposed as it is to multitudinous chances of infection, would be rapidly exterminated. The degree to which this defence is called upon is subject to extraordinary variations in different infections. In some cases it suffices: in others it is totally inadequate, and the infected individual, beyond the range of therapeutic remedies, rapidly succumbs. From all we know, the mechanism of defence consists in the production of protective substances, which, entering the blood stream, are carried throughout the body. It suffices to know that these chemical protective substances can be demonstrated in the blood, and, further, it cannot be doubted they are created by the host.

In certain diseases they act in such a way that an immunity is produced for a long period, or even for life. At other times the qualities and quantities are of low degree, the immunity being absent, insufficient or transient. Among the fundamental facts accepted in medicine at the present day, we know that immunity may be induced artificially, and if this is done prior to the infection the individual may escape wholly and entirely from a disease which might otherwise prove fatal.

This method was inaugurated by Jenner with smallpox, and continued by Pasteur, Behring and Wright in other diseases.

Great as this principle of preventive inoculation is, it pales in importance before methods which can bring about a cure after an infection has taken place.

That such a thing is possible has been amply decided by the medical world in reference to the diphtheria anti-toxin of Behring and Kitasato.

Apart from their work, the most re-

markable results from inoculation are those initiated by Koch in the case of tubercle and the recent work of Wright. The principles laid down by the latter investigator have opened up entirely new fields in the treatment of diseases, against which medical skill has practically been powerless.

The type of cases Wright has had to work upon may be described as the incurable refuse of the hospitals, patients who had passed uncured from the resplendent operating theatres to the Cimmerian obscurity of the out-patient dressers' departments. Before describing to you the work of this genius who has revolutionized the treatment of so many diseases, you will be interested to know something of the man.

His father Irish and his mother a Swede, educated in Dublin and transplanted at an early age to Australia and later to London, this is a concise description of his early life history, containing factors so often present in the makeup of a genius—transplantation and mongrel blood. A master of languages, the originator of a theory of belief, of a classical book on the microscope, and of eighty original medical communications, he was a glittering illustration of Longfellow's lines:

The heights by great men reached and kept, Were not attained by sudden flight; But they, while their companions slept, Were toiling upward in the night.

Working at his consultant practice in the morning and coming to his laboratory after lunch, he continued his investigations till the early morning hours. His assistants he expects to do the same, and some are occasionally found by the laboratory attendant the next day, having fallen off their stools, asleep on the floor.

It would have been enough glory to one man to have found a means by which any infant might digest almost any milk. Wright, by the simple addition of appropriate quantities of citrate of soda to milk, found that curds were entirely prevented, and that an infant could digest easily what previously had been a poison.

Preventive inoculation of some 300,-000 of the troops going to South Africa during the late war by methods he originated resulted in the occurrence of typhoid among those so inoculated in only half the proportion of those uninoculated, and also these inoculations reduced the mortality of the disease by one-half in those inoculated who became infected.

Most of his remarkable discoveries have been made by his adaptation of glass blowing to suit his ideas and technique. In this country he might almost be named the "Wizard of the Pipette," pipettes being the ingenious forms of glass tubes he has devised for his work.

The technique he has developed for the work I shall try to describe to you is ingenious, elaborate and difficult, and yet the most veritable tyro can get good results.

Wright tells the story of a gentleman from this side of the water coming in to view the clinic, who asked if he might learn his technic. "Certainly," said Wright. "How long can you spend here?" "Well," replied the visiting doctor, "not long, I'm afraid my wife is waiting outside in a cab."

Wright and his co-worker, Douglas, a few years ago found the connecting link to the ideas of Metchnikoff I have already spoken of. Remember Metchnikoff stuck to his theory for fifteen years, but could not prove it.

They found that the white blood corpuscles did devour germs, provided these germs were first acted on by the blood juices.

Adding white blood cells to an emulsion of germs in salt solution, and examining under the microscope, they found the white blood cells and germs lying alongside each other, but no germs inside the white blood cells.

If they, however, took some blood juice, added this to the germs and then added the white blood cells, examination under the microscope revealed the white blood cells to be crowded full with germs.

They concluded, therefore, that there must be present a substance in the blood juices which first acted on bacteria, and prepared them for the appetite of the white blood cells. This substance they named "opsonin," from the Latin opsono, meaning: I prepare food for table.

The leucocytes or white blood cells have often been spoken of as scavengers, and so they are, though unlike most scavengers, they must have their prey cooked for them.

A natural result of this discovery was that they could find out how many germs the white blood cells of a healthy man could devour after action of Lis blood juices, and compare this with the number a sick man could prepare for his white blood cells. This ratio they called the opsonic index, and you will in future be as familiar with the term "opsonic index" as you are to-day with

such medical expressions as uric acid, albumin and tubercle bacilli.

Wright and Douglas next naturally tried to find out how they could increase the opsonins in sick people, and thereby cause the white blood cells to take up more germs, and so bring about a cure of their diseases.

I will briefly explain here differences in behaviors of different microbes.

Many of you have had your blood tested for typhoid, and you have had explained to you by your physicians that if a drop of blood of a normal man is added to a drop of water in which typhoid germs are swimming around, enjoving life like tadpoles, these germs take no notice of the addition. But should there be added a drop of blood of a man developing typhoid, these same microbes will stop their sport and immediately bunch together in a mass. This bunching or clumping is due to the development in the patient attacked by typhoid of protective substances which cause this clumping in order that the white blood cells can catch hold of them wholesale. To a very slight extent, our blood will cause tubercle bacilli also to clump together when we are attacked, but, unfortunately, we can develop no such protective substance against any other germ that attacks us.

It is necessary, of course, for these clumps to be opsonized; that is to say, acted upon by the blood juices, before the white blood cells will eat them, even though they are bunched.

(To be continued.)

## An Unorthodox Opinion on Registration

CHARLOTTE A. AIKENS.

O NE of the latest, most misleading and unjust attacks on graduate nurses in general, be they ardent, active registrationists or not, has come to my attention through the following, which appeared as a news item in a weekly medical journal:

"The Physicians' National Board of Regents for Commissioning Nurses, with headquarters in Philadelphia, is sending circulars to doctors throughout the United States advocating a reform in commissioning nurses. The circulars say, in part:

"There is a growing tendency on the part of certain nurses to assume the functions of the physician in the sick room. They are getting the idea they are to be doctors instead of nurses. Moreover, they want to charge a minimum rate of \$25 to \$35 a week, and they hope ultimately to secure legislation which will enable them to exclude the nurse who will serve for \$5 to \$12 a week and to compel the physician to employ only such nurses as are licensed under State laws.

"This effort is bringing discredit on a noble and useful occupation; imposing financial burdens upon people of moderate means which they are unable to bear, and introducing into a sick room a principle which is not only dangerous to the patient but humiliating to the physician. It is therefore becoming necessary for the medical profession to regulate the business of nursing. State registration, which practically means that the nurse shall have the same authority in the sick room as the doctor,

cannot be tolerated. And the nurse who has the skill and willingness to carry out the doctor's orders must not be interfered with, no matter how or where she gained her knowledge.

"In response to requests of leading physicians of the country, and in accordance with the action of many medical societies, the Physicians' National Board of Regents for Commissioning Nurses has been organized. The plan is to classify and commission all nurses who are duly qualified and are willing to abide by the instructions of the attending physician and not attempt to play the role of doctor."

However much one may regret some existing conditions and tendencies in nursing affairs, no true nurse can read such statements as "That there is a growing tendency on the part of certain nurses to assume the functions of the physician in the sick room. They are getting the idea they are to be doctors instead of nurses," or that "State registration practically means that the nurses shall have the same authority in the sick room as the doctor"—no true nurse can regard such statements in any other light than as a libel against the whole nursing body. However much divided we may be regarding some questions, we are surely united on at least a few points—that there is a distinct line of demarcation between the duties of the physician and nurse; that her business is neither to diagnose disease nor to prescribe remedies; that she is always, when on duty in the sick room, under orders; that she is never, except in circumstances of grave emergency, when no physician is available, to assume responsibilities that belong to the physician. We admit that there are nurses who have been indiscreet. We admit that mistakes have been made, not because nurses had not been taught better, but because they lacked good sense and judgment.

There never was a fold of any size in which black sheep were not found, and it would seem only fair for every medical editor who, unwittingly or otherwise, published such a statement to look up the facts and publish both sides, so that medical readers might know what State registration does mean.

My own opinion regarding registration is that nurses have never emphasized half strongly enough the matter of simple justice when pressing their claims for registration, and that they have emphasized altogether too strongly the improvements they intended to bring about in the training schools, and what hospitals would have to do when registration came to pass, in order that the standards might be elevated. The average man, be he British or American, is not profoundly interested in the height of the standards for nurses, but take him all around he treats women fairly decently and respectfully if they conduct themselves properly, and he usually has a fairly strong sense of justice. The average man doesn't relish being bossed around by women, but, on the whole, he is willing for them to have fair play. He may need tactful educating along some points as to what justice is, but with all his faults this average American man appreciates hostital trained nurses when he knows anything about them, and he can be influenced by the claims of justice in most cases.

The rank and file of those who are particularly interested in the registration question, outside of the nurses themselves, is made up of physicians, hospital superintendents and boards of managers. My experience with and observations concerning a considerable number of these people is that most of them are reasonable people, inclined to be fair to nurses; not antagonistic to registration, but they do object to a great many of the methods that have been used to secure it and enforce it; they decidedly object to the exact form which the registration bill has taken in a great many cases; they do object to the attempt to draw tight lines around training schools that mean useless and unnecessary burdens on them, and the pupil nurses; they do object to being continually dictated to by outside people as to what they must do in hospitals, and they do not agree in general with the registration sentiments which have been expressed that the educational work of the hospital is of equal importance with the care of the sick. They are inclined to regard the care of the sick as their supreme duty, a responsibility which they have assumed, and which may not be set aside in order to experiment with this or that theory, however beautiful and elevated that theory may

This feeling exists not alone among the classes mentioned, but it is shared in a large degree by nurses themselves. Of the eighty thousand nurses of the United States, a comparatively small number have openly expressed themselves concerning these questions. A great many of them are afraid to

"speak out in meeting," or write an article for publication, for fear they will be promptly annihilated or mercilessly scored as having "low standards." For my own part. I prefer to have people say I have "low standards" rather than have them say I have high ideals but am utterly impractical and lacking in common sense. And that is exactly what a lot of people are saying about some idealists. To be perfectly candid, I prefer to stay with the comon people and to help them to get the sick properly cared for somehow, rather than to live too far above them, too far in advance of the times, and ignore present conditions and pressing needs. And I am one of a fairly large and highly respectable company, even though they do not all come out and publicly express their sentiments.

"Is she sound on registration?" is a burning question among nurses in these days, and in order that I may not be entirely misunderstood, I will adopt the Methodist plan and relate my experience. My attitude toward the doctrine of registration was first of all one of indifference, then absolute antagonism, because of the dictatorial methods assumed by some of its active promoters. then finally absolute surrender to the idea of registration in spite of what other people did or said, because I could see that the principle was absolutely just. I have never felt that the talismanic letters R.N. would add to or subtract one iota from my own personal success, financially, socially, professionally or in any other way. But I realized that it might have some effects in the case of my own nurses, and for their sakes, as a matter of simple justice to them and others like them in spirit, I

believed in it. I felt that the hospital trained nurses who had given of their best service lovally and without stint for a space of two years, keeping their long. weary vigils night after night, always ready for duty in time of emergency, getting through it all as thorough teaching and training as I was able to give them and secure for them-I felt that this class of nurses deserved some protective mark that would distinguish them from the great army of rejected probationers, correspondence and short course nurses, as well as totally untrained women who had assumed the name "trained nurse." That was the conviction that led to my conversion to registration. I may not be "sound" on it, but I still believe that. This conviction was strengthened by some personal experiences with the spurious brand of trained nurses.

Iustice to the nurses who have stood by me so loyally through years of strenuous hospital life demands that they be given some badge of distinction from the classes of women I have mentioned. I have never believed that registration would accomplish one-quarter of what some others seemed to believe it would. I have never believed that in order to get this distinctive mark it was at all necessary to try to get laws passed that would embarrass hospitals. I have never believed legislation was the thing that was going to right all wrongs and reform the hospitals and make them perfect abodes for the aspiring, highly educated young women of the twentieth century, who might flock to them for training. Nor, in truth, have I ever been fully convinced that such work is the business of hospital graduates. Maybe it is. Probably they might improve some

things if they went at it in the right way, but they could accomplish this in most cases without registration. If a hospital is not feeding its nurses as it ought, the graduates of that hospital might tactfully approach the superintendent and managers and call attention to the fact without being registered or having State authority to do so.

I suppose I have not the proper nurse spirit, but I have never sympathized with the attacks that have been made on what is termed the "lay nursing press." I would be perfectly satisfied to have even Everybody's Magazine or The Scientific American publish articles by nurses for nurses and about nurses and nursing, and I would encourage people to buy the magazine.

So long as it is a good magazine, publishes sound, practical, profitable material, and is doing a useful work, I care not a whit whether its editor is male or female, or has taken a nursing course or not. I want nurses and everybody else to have fair play, including "the lay press." There is room for all the good journals that we have, and perhaps a few more, though I do not know that additional journals are badly needed. The "lay nursing press," so far as I have been able to ascertain, has approved of registration principles, without endorsing a great many of the methods that have been pursued, but there is no crying need for all magazines to be harping away on the same string continually.

There is no need to lose sight of the many other important questions relating to practical nursing and the nursing field because one believes in registration. There is need that some journals should make the attempt to see all

sides of the registration question and try to preserve the balance. need that some journals should make a business of trying to promote amicable relations between nurses and physicians, and to prevent misunderstandings between these two great bodies so closely related and mutually dependent. There is need for a broad, fearless, independent journal in nursing affairs, just as there is in medical and religious and other lines of thought. No journal can claim a monopoly of all truth and wisdom. In free America there will always be a goodly proportion of people, nurses included, who will reserve the right to do their own thinking, and who will refuse to be coerced into endorsing methods and principles of which they do not approve. There are doubtless a good many more of that class of nurses than have ever stood up to be counted, if the test were put. In fact, the opinion of the large majority of the nursing body has never been secured.

One of the things which has helped to effectually kill enthusiasm for registration has been the tendency to run to extremes regarding training. There has always been thrust at nurses a great deal more medical knowledge than they needed, but since registration has come to pass this tendency has been increased, and list after list of topics for lectures on purely medical subjects has been prepared and planned for, till it has become an absolute burden to both the pupil nurse and the hospital, with no possible benefit to be derived from a great deal of it. There is one test which I should like to see applied to every lecture, and every plan for a class on any nursing subject. It is this: "What am I going to teach? Will the nurse be any better fitted to take care of John Smith after she has had this lesson than if she had never gotten it?" It seems to me that test, if conscientiously used, would reduce the burdens at least one half, and in some schools a great deal more than that.

Another feature of registration that seems most unjust, both to the pupil nurse and the hospital, is the three-year ruling. There are hundreds of small hospitals that can give a nurse a good general experience—a training that will make her resourceful and capable, but they cannot make the third year profitable to the pupil nurse. Long before the end of the second year she gets weary of the monotony. If she has to stay a third year she feels it is for the benefit of the hospital, and she chafes under the conditions, Hospitals cannot force affiliation any more than people can force other people to associate with them, so the small hospital, under this unjust ruling, is forced to attempt the impossible, often to its own embarrassment and detriment. Numbers of promising candidates who would enter for a moderate course of two years, stay out and take the short cut to the nursing field via the correspondence route, or by similar ways, and the promoters of these schools are the people who are doing more harm to the registration cause to-day than any other. They are helped by the impossible standards which registration has brought about, though they violently oppose any distinctive mark. The average hospital needed no legislation to induce it to give a three-year course. It soon found it was to its advantage to do so, if it could get nurses to enter, and it needs no legislation to keep to the three-year course if enough candidates can be induced to take it. It is one thing to give a three-year course, because it seems to be a good thing for all concerned, but it is another and a very different matter to be compelled by law to give a three-year course when you already have difficulty in getting enough nurses to enter for two years.

Another feature that has seemed both unwise and unjust is the high school education test for entrance to training schools or for registration. In a recent conversation with a hospital superintendent as to the proportion of her nurses who were high school graduates or who would be able to pass an examination before an accredited high school principal showing that the candidate had an education equivalent to high school entrance (at least one State board now requires this), she said she doubted if one of her nurses could pass such a test. Yet she said they were, with one or two exceptions, capable and faithful and trustworthy and satisfactory, and a neater, more attractive, class of nurses I have never seen.

Another said that even ten years ago, when nursing candidates were far more plentiful proportionately than they are to-day, she could not have risked putting such a test without seriously crippling the hospital, and she had very little chance for any choice at all among applicants to-day. I have quoted elsewhere and I now quote again the statement made by a prominent social worker who had investigated conditions:

"It is an indisputable fact that about 90 per cent. of the pupils in the public schools leave before the high school stage. Perhaps two-thirds of this number fail to complete the grammar

grades." Another prominent educator, writing on the necessity of improving rural schools, stated that less than five per cent. of the pupils in rural districts get any education other than that received at the rural school. These are the conditions which exist out in the world from which the supply of nurse candidates must come, and yet, either in utter ignorance of these conditions, or in defiance of them, nurses have framed bills that virtually restrict the source from which hospitals may consider applications to their schools to less than 10 per cent, of the population. One does not need to be very far-sighted to be able to detect signs of a coming storm in a great many registration States. The wise thing would be for nurses to promptly acknowledge that they have made a mistake in ignoring these conditions, and themselves modify such enactments.

We have at the present time this incongruous situation: A nurse can be registered in New York State without putting in a day's duty in a hospital if she can satisfy the examining board that she knows how to nurse. She can graduate from any one of several large hospitals (and the number grows apace)hospitals having two hundred beds and upward-in two years, and be registered forthwith: but in most States. where the standards have been fixed at an ideal height, she must spend three years in a hospital, even if it has only thirty beds, and she has served in every department of it inside the first six months. No matter how proficient and capable she may be at the end of two years, she must stay on in the hospital another whole year, or the hospital will not be recognized as a training school.

These are some of the conditions which make one pause and wonder whether registration is really a blessing or a nuisance, and a detriment to both hospitals and nurses. Perhaps it is a mixture of all three. Still, I believe in the justice of the principle of registration if we could avoid these extremes. In some States this has happily been accomplished.

In some of the Canadian provinces there is a law that a medical graduate cannot be registered or licensed until he has spent a year either in a hospital or in association with an experienced physician. One year after he graduates he comes back for his provincial examination. It seems as though some such regulation might be better than these unjust conditions that prevail. If this additional year is an absolute necessity in the interest of public safety before a nurse can be registered, it does seem that a nurse, especially those from the smaller hospitals, might be allowed to spend that year in getting a different kind of experience under a physician's supervision, and also in adding to her income, rather than be compelled, because of a law of this kind, to go, day after day, the monotonous round in the very same wards, doing the very same kind of duties she did in the first six months. She would have an incentive to keep up her studies, and she would have the three years' experience. The handicaps that are crippling so many hospitals would be removed, and she would have some money in her pocket.

This, of course, is an unorthodox view, and I know it, but I believe that in a free country the unorthodox folk ought to get a hearing once in a while, even on the registration question.

## The Advantages of Training Aurses in Families\*

MRS. L. D. PALMER, FRAMINGHAM, MASS.

SICKNESS in all its phases and degrees is a serious thing in family life, and the nurse who comes in to take the burden of the care of the patient should be hailed as a comfort and delight—as a friend, indeed. It is thus a self-evident proposition that she should add as little as possible to the family cares.

The two extremes in the care of the sick are the old-time nurse and the one with a hospital training.

There are advantages in both; each has its objections.

The untrained nurse made herself very useful, and was expected to do many things now disowned by the profession. She washed and ironed for her patient, served, and even, in some cases, did the general housework, oftentimes finding leisure to do these things because she did not know how to better employ her time in behalf of her patient.

I have a soft spot in my heart for an untrained nurse who cared for me some twenty years since, when the professional nurse was an almost unknown quantity in country towns.

She was possessed of excellent judgment, tact, a cheerful disposition and the faculty of anticipating the patient's wants.

She did for me what the physician directed, and, at the same time, helped in many little things about the family duties.

That kind of woman would make a place for herself anywhere, whether having a technical education or not—she was in constant training of head and hand.

My next-door neighbor sent to the city for a hospital nurse to attend her in confinement.

This nurse knew the technique of her profession well, and in an emergency rose to meet it, but she was an entire contrast to the above-mentioned willing worker.

Her favorite occupation was reading Browning aloud on all occasions, and this she insisted upon doing when the patient was nervous and the baby fussy, and regardless of needed attention to both

The cook was upset by her, and the second girl snubbed, while things generally went awry, so that the whole family were glad to dispense with her services at the earliest possible moment.

You may say that these were extreme cases, and due largely to differences in temperament. Granted. But is not the popular notion that a trained nurse upsets the family life founded upon a grain of fact? Have we not all seen cases where the nurse made more work for the family than the care of the patient entailed?

Do not misunderstand me. I consider many a trained nurse of the greatest assistance and comfort, and would not belittle her offices in the least, but they are not all alike.

For the nurse who intends to do institutional work there is no question the training obtained in the hospital is an absolute necessity. She must be familiar

<sup>•</sup> Read at the meeting of the New England Association for the Education of Nurses, and contributed to The Trained Nurse.

not only with sickness in its varied forms, but also with appliances, instruments, etc., and also with the customs which have become an important part of that life.

My remarks do not apply to this class. But the large majority of graduate nurses expect to do private nursing, to be in an entirely different atmosphere, to come into contact with anxious parents and nervous friends, not only during a brief visit to the sick-room, but by day and night, and to come into and become a part of the family life for the time being.

Such being the situation, should we not expect to reap an advantage from training our pupils in surroundings similar to their future fields of work?

Of course, no one thinks of educating nurses in these days without some hospital experience.

In our school at Framingham we spend two years of the three under the hospital roof. The nurse has about one year before she is allowed to go out at all. This time is spent in the laboratory kitchen, where all the food served the patients is cooked; in the wards, and in the lecture room, much the same as in most hospitals.

When the nurse shows herself sufficiently proficient in her art, she is allowed to go out on a case. During the junior year this must be in town, so that she may come in to lectures each day, and must be a case under the care of a physician who is one of the instructors in the school.

As she comes in each day, she has an opportunity to talk over her difficulties with her teachers, and to ask advice needed on any point. The physician being a member of the faculty can also

make such extra report as he thinks best, aside from that which comes from the family upon the regular blank.

The nurse is here thrown upon her own resources much more than in the hospital. She also learns to give the most accurate attention to the attending physician's directions.

An eminent Boston physician in addressing a class of nurses about to graduate told them that it was of the utmost importance that they should get in touch with the families of their patients; that they should learn their idiosyncrasies, habits and customs and respect them, no matter how foolish these might seem.

Training in families is a long step toward establishing these relations, and being experienced during the formative period, it tends to give tact and insight into character, while it rubs off many a sharp corner of stiff professional dignity.

To be cared for in a hospital by a trained nurse is the luxury of sickness, if I may use the term. There expense is hardly reckoned; instruments, appliances and materials all are at hand.

How is it when a nurse goes into a family?

G. Stanley Hall has said that when he wished an assistant he did not go to the colleges and technical schools, but preferred a young man from the country, possibly brought up on a farm, where he may have had to use his ingenuity in improvising makeshifts, or where he may have had to do without, but, most of all, where he must do his own thinking. Thomas Edison, in a recent utterance, has expressed something the same opinion.

When the nurse goes into a family she finds that utensils so familiar in the

hospital are lacking, in some cases are beyond reach from lack of time to procure them; in others their purchase is a pecuniary burden to a family already in distress from the calamity of sickness. What is to be done? The mind must be set to work and all the latest resources brought out to do the next best thing.

On the other hand, how often does a nurse, coming from a humble home, find herself in luxurious surroundings, with no experience in caring for the same. Many a nurse, well taught, has ruined a finely polished surface because she was nervous and flustered by the unfamiliar air of things, doing what she never would have done had she had her training on the spot.

You may say that people of means will not employ student nurses, but that is not true. A man who is well-to-do usually is so because he has not wasted his money, and a dollar is a dollar to rich as well as poor; in fact, those having means often seem to be less ashamed to economize than those without. Student nurses are used by all classes wherever the sickness is not too serious, and during the senior year the nurse is capable of undertaking even critical cases.

In the hospital ward obedience is the watchword. Do as you are told, asking no questions. Your superiors are at hand to decide every point in any emergency. And it is necessarily so. The delicate wheels must be kept in accurate adjustment, or the whole great machine fails to do its work. There is no opportunity for individuality here.

But the personal traits will count largely in the future success of a nurse, and she whose favorable characteristics are best developed has the best chance in life. This, we claim, is one of the results of training in families, district nursing being one of the most helpful branches of that service.

One important point is that this course shows the pupils their deficiencies.

There is no time when a teacher tries so hard to get at the bottom facts in a problem as when he knows he must teach them to another.

The acquirement of knowledge takes on a new form when it ceases to be a set task and becomes a necessity. So with the pupil nurse. There is no time when she so appreciates the instruction given her or absorbs knowledge with more avidity than when she returns to the hospital (after a course in family nursing) and there takes her final instruction.

The nurses themselves take great pride in being sent out to cases. They consider it an endorsement of their efforts to perfect themselves as rapidly as possible, and they will strain every nerve to do their work in a manner satisfactory to the family and to their instructors.

No one can deny that there are difficulties in this method, but they are offset by the better results. Nurses who do not prove themselves reliable have to be weeded out; they have no place in this profession, which holds alike the lives and characters of men in their hands. But the vast majority are benefited by the trust placed upon them.

Student government and the honor system work equally well in colleges and in training schools for nurses.

So far we have considered this question from the standpoint of the nurse only, but there are two other phases we should consider.

The large majority of families do not feel that they can pay \$3 or more per day for a nurse in cases of slight illness. By employing a pupil nurse they obtain at a less price some one competent to care for cases of that description, and who, if the patient's sickness should prove serious, can be exchanged without breaking any hearts, for a nurse of more experience.

The people of our town would feel themselves much abused should the privilege of employing student nurses be taken from them.

Secondly, the pecuniary gain to the school is not to be despised.

I am well aware that I am treading on dangerous ground when I mention remuneration for services thus rendered, but I can see no reason for not receiving the same, provided the work has been done as the same work in the hospital would be, to instruct the nurse and give aid to the sick.

That there should be any ethical reason why it is not right and proper for a nurse to pay for her education by her labor I cannot comprehend. Why should patients in the hospital be expected to pay for the care given by student nurses if private families should not for work of the same kind?

In our school the treasury has, up to a very recent date, been entirely separate from that of the hospital.

The funds earned by the nurses have been used entirely for the board and education of the pupils of the school. Although there have been the closest of relations, the two institutions have been entirely separate, thus preventing the charities of a hospital with small endowment from draining the family purse and dwarfing the education of our nurses.

We have been self-supporting for many years and have had no endowment whatever to draw from.

As we received practically nothing for our nurses in the hospital, the outside work has been our main stay, not only giving us money for their services, but providing meals in most cases as well.

In the smaller cities it is often impossible to support a training school otherwise. In our own case, the school has made the hospital and both have been of the greatest service to the town and its vicinity, and without work in families neither would have existed. I can but feel that the over-trained nurse is in the same condition as the Southern labor problem seems.

The whites are making bitter complaint against the education of the colored people, because the latter decline to work with their hands as soon as they get a taste of book knowledge. If the nurse, for any reason, does not do all she can for the family she takes the attitude of the negro and loses a godgiven privilege to be of use to her fellow men.

Only a few years since men were thinking that only the literary or professional life was really honorable, but the reaction has already come. Now they are rushing into business, and even farming, long looked upon as fit for clods only, has become an employment into which a man of intelligence may put the best effort of both brain and muscle.

The women of to-day are going through the same process. New avenues of labor are constantly opening to their demands, housework is fast coming to take its proper place and we are coming to realize that no work is menial unless performed in the spirit of a menial. She who puts her heart, her best energies and her brains into her work need never fear any kind of employment.

So it will be with nursing One who loves humanity need have no fear of in-

juring her professional dignity. She but gains additional honor by her devotion to her patients and those connected with them, and by being willing to serve in ways that give comfort and joy to those dependent upon her for care. And to this home nursing we attribute much that is best in the development of her character and profession.

#### Alleviate Post-Operative Discomfort

The alleviation of discomforts of a patient after an abdominal operation performed under ether anesthesia may be:

- 1. Vomiting: in which case the patient should not have anything by mouth.
- 2. Nausea: often relieved by inhalation of vinegar from a cloth.
- 3. Dryness of the tongue and lips, and thirst: moist compress to lips. Allow patient to rinse mouth frequently.
- 4. Backache: (a) rub back, (b) small pillow to relieve pressure, (c) turn patient slightly on side and support on pillows.
- 5. Numbness of limbs: (a) massage, (b) elevate knees on pillows.
  - 6. Pains:
    - (1) Pains in head, (a) ice cap, (b) massage.
    - (2) Pain in abdomen due to: (a) gas, which may be relieved by hot water bottle. (b) Distended bladder, hot water bottle over bladder; hot perineal stupes; catheterization. (c) Wound in abdominal wall; lighten binder. (d) Operation upon viscera; heat. (e) Pain in chest due to pleurisy or pneumonia; pneumonia jacket; ice cap; room temperature, 65 to 68 deg. F.

#### 7. Irritation:

- (1) Skin: from discharges as bile, pus, urine, etc.; cleanliness. Ointments: lanolin, zinc oxide, boric.
- (2) Irritation of nose and throat: keep air warm and moist; liniment, as camphorated oil.
- (3) Irritation of eye: dark room; ice compresses.
- 8. Sore mouth and tongue due to mouth gag or tongue forceps: mouth wash of listerine, 1-8.
- 9. Sore lips (herpes): vaseline or cold cream.

#### 10. Nervousness:

- (1) In alcoholics, massage.
- (2) Morphine fiends, massage.
- (3) Neurasthenia: (a) massage, (b) sympathy, (c) scolding.

#### 11. Faintness:

- (1) From loss of blood: (a) elevate foot of bed, (b) bandage legs and arms.
- (2) From pain: (a) hot water bottle, (b) ice.
- (3) From fright: (a) assurance, (b) cheerfulness, (c) sympathy.
   —Cleveland Medical Journal.

## Professional Obligations and Recent Criticisms

CHARLOTTE MANDEVILLE PERRY.

Superintendent of Nurses, Faxton Hospital, Utica, N. Y.

N watching any great movement such as that going on within our experience in the nursing world, it is well to keep steadily in mind the underlying principles and our attitude toward prominent features of the case Because moral obligation is so a part of nursing, we are specially called to a patient study of the evolution of the movement. Of two things we may be certain-that such signs of progress, so widespread, so stirring, are bound to be revolutionary in character, and that radical progress must necessarily be slow. There is the greatest demand for tact in instituting changes, establishing legal provisions, and in guarding against personal interests. A good leader will encourage the esprit de corp, and strive for the interests of the professional body as a whole, even giving up pet schemes and theories, for which the time is unready. It is helpful to watch the growth of other bodies like the educational and the industrial, which represent two factors in nursing.

The medical profession, to which we are so closely allied, can give us from its rich experience. For this and for more apparent reasons, such as the relation of doctor and nurse to the patient, it will be a misfortune if prejudices separate us. Our obligations to each other and to those with whom we are associated for good or ill should rather provide a motive for harmonious action. Rivalries between hospitals or individuals are worse than provincial; they absolutely hinder progress. There are

other things which obscure the field, such as exaggerating a reaction in any State, or the conservatism of some States, which are surely feeling their way, though beset with special problems. It should be remembered that standardization is a most difficult process. In the affiliation of schools, what would be considered a fair exchange by one might utterly be refused by another, each side being influenced by a legitimate pride for its respective school, and seeing serious flaws and objectionable teaching to which nurses well trained in those particulars must' be subjected. It above all other factors must be one of slow growth, lefto the heads of training schools, who alone are capable of judging.

It must be noted as commendable that the effort made on the part of Boards of Examiners to adapt themselves to the standard of excellence which obtains in the various schools shows a good and fair judgment. This more than anything else has done much to quiet the fears of those who have looked upon the title R. N. as a sort of snare set to trap them at the end of three years' hard toil, to rob them of the right to practice their profession. Though it must be admitted that this is a small view of registration. yet it is pardonable, considering the great responsibility involved on formulating State laws and regulations. Some utterances may have given rise to the impression that coercion to a harmful degree would be used, and some nurses may have felt a certain self-satisfaction

on finding that they were not only not debarred from what they considered theirs by right of graduation, but had gained the encouragement of doctors who regarded these changes as disastrous, and who thus have had something to do with their disaffection from the side of progress. There is another aspect which is discouraging to those whose vision is large. It reveals the spirit of inertia, laissez faire, commercialism, fears, prejudice, self interestall of which are impediments to any cause. Progress will depend largely on maintaining those true relations which should exist between the medical and nursing professions and the laity. The ethical principle is the keystone to our profession. We believe this principle to be identical with that of the medical profession, with its shining lights. Hippocrates, Galen, Harvey, etc. We, also, have our ideals, our leaders with whom rests the responsibility of not being swayed by political or personal motives. We give our confidence to those prime movers in that progress which has characterized the last twenty years. Should any one fail to hold fast to the true interests of the profession will not Time reveal the cloven foot?

It is felt that in the main the movement has been in the right direction, and there is now no turring back. There are unmistakable signs of growth within to meet the demands in conditions which exist without. Struggles and mistakes are alike concomitants in such a development. While we bear in mind the relations between the two professions, and value the help and good faith of many physicians who have studied the situation of to-day, and have given us their opinions in matters of grave delib-

eration, it must be acknowledged that the superintendents of training schools are the better judges in some things The length of the course is a relative question. In those outlines of study and work (freely submitted to criticism) items so enumerated are often misleading. Many of the subjects are parts of a whole, especially in practical teaching. The fact that our text books cover no more ground, though these have been rearranged and improved in many ways, is proof that not much more is required. Only gross anatomy is taught. Simple Materia Medica, not Therapeutics, is more generally included in class work, rather than left to the option of the pupil. Dietetics involves no more chemistry than is taught in the public schools, and this amount is necessary to a right understanding of the five food principles. From her study of physiology, a nurse is prepared for dietetics, and there is no other subject so useful, practical and essential in her work of nursing.

On the practical side the effort to secure good instructors, mature women of experience, who will carefully supervise and scrutinize the work of the pupil nurses, is highly commendable. No one will be more conscious of needs and of failures than the superintendent of the training school who has herself had an all-around training. The influence of the young nurse, who is often an undergraduate occupying the position of head nurse, is injured by the inexperience which she cannot help. Time must be allowed to acquire that most valuable preparation. There is also a loss on the disciplinary side. A leader must never be known to have made a mistake. nor a teacher to have inculcated wrong knowledge. Experience, vigilance and decision are all required. The position of head nurse should be better recognized than it is to-day, both as to appointment and salary. This is truer still of instructors and supervisors. Considering the difficulties in securing the doctor who lectures gratuitously at the end of a busy day, or amid pressing calls, or the regularly employed instructor, who cannot accept so small a stipend for so large an output of time and energy, allowance should be made for those drawing up the curriculum. Without the collegiate system there is an element of uncertainty about the course of study and lectures, and of making use of the same, which is very wearing to the chief executive. But there are obstacles in establishing this system. Many a good candidate who cannot afford to pay may be able to work for her training.

Apprenticeship is almost a necessary factor in a training school for nurses. Few will understand the difficulties involved in this side of the question better than the heads of training schools. There was a time when fifteen dollars a month, shelter and board, with the training for a profession which promised social advantages and good remuneration, was very attractive to the commercial

mind of the disqualified candidate. Those who have fought against the admission of such persons have been true to a noble cause. In this we have stood more or less alone, and have not always had support from the medical profession, while at the same time, to be true to our standard of ethics, we have taught the principle of an allied profession, of rendering a willing dependence.

If among the body of graduate nurses there are some who do not uphold these principles, who after leaving the hospital diagnose, prescribe, undermine, influence or overcharge, may it not be traced back to the co-operation gained ir "getting into the training school," or if a diploma was not granted, to being employed on the same terms? There is no essential rivalry in the complet: autonomy of both professions, although our interdependence should make us desire harmonious action for each. In America; where among graduate nurses there is more self-direction, there is more good faith and comradery than in the old country, where doctors manage the affairs of nurses to a considerable extent. Should not this attract attention? The establishment of pleasant relations doubtless leads to the solution of many problems and to mutual helpfulness.

#### Hot Water

The usefulness of local applications of hot water is well known. The general hot douche is a remarkable means to bring blood to the surface of the body, to accelerate the circulation, etc. Noth-

ing is more cleansing than the moist vapor bath, since it cleans out the pores from within by the expelling force of hyper-secretion. — New York Medical Journal.

## Obstetrical Nursing in Private Practice

PAPER I.

#### Nurses' Duties Before and During Labor

ANNIE E. HUTCHISON.

HAT the knowledge of the maternity nurse should include much that she does not expect to have to put into practice ordinarily is certainly a necessity if she is to be fully capable of meeting the emergencies that so often arise in the private practice of her profession. Without any inclination to encroach upon the physician's province, with, very likely, a heartwhole desire to abide strictly within the limits of her own sphere, the private obstetrical nurse is, nevertheless, quite likely a some time or other to find herself suddenly called upon to assume responsibilities that rightfully belong to the doctor, his absence at a critical time leaving her no choice. While this is to a certain extent true of all nurses, it has a very special application to those who practice their profession in the more remote districts. where, as the writer knows from past experiences, a private nurse not only has ample opportunity for the exercise of her own judgment, but may also be called upon to meet emergencies wherein, if the case is obstetrical, the welfareperhaps the very life-of a mother or child, or both, may depend upon the nurse's ability to act coolly, promptly and skillfully. Whether or not a nurse may ever have occasion to assume great responsibility, to possess a good theoretical knowledge of what ought to be done, should render her all the better an assistant to the doctor in any emergency, and the nurse's own common

sense must decide when urgent need on the part of a patient calls upon her to allow theory to give place to practice.

If engaged for a specific date ahead, the nurse will usually have an opportunity to make the acquaintance of her future patient, and at the same time have also the opportunity of advising her as to the provision it is desirable to make, an advantage thoroughly appreciated only by those who know what it is to be called to a case at the last moment when everything may probably be in confusion and most of the ordinary necessities, not to mention conveniences, are conspicuous by their absence. The list of articles required to be furnished by the prospective patient in readiness for her illness varies much in style and length according to views and preferences of different nurses; and, while every nurse naturally prefers to have all the luxurious conveniences as well as actual essentials, a nurse should in some cases be very careful to demand only what is really necessary to the welfare of her charges. It sometimes happens that people of very moderate or small means make considerable sacrifice in order to secure for an expectant mother the services of a skilled nurse and it also sometimes happens that they are thoroughly dismayed by the elaborate list—copied bodily from some text-book -furnished by the nurse when the question of necessary preparation comes up Text-books serve a very useful purpose;

so, also, does common sense, and the most successful private nurses are, as it surely ought to be needless to urge, those who use the latter in conjunction with the former, and who will therefore be able to discriminate and know when a list entirely appropriate for the wellto-do or for the average patient who employs the services of a trained nurse may need to be shorn of all but the barest necessities. Baby's wardrobe, mother's clothing and bed furnishings may generally be accepted as provided by the patient, who very probably has her individual ideas as to what is most desirable, and the nurse being concerned only if these are insufficient to maintain cleanliness or of a nature to cause discomfort. The nurse should see that the necessary vaginal dressings or pads are provided and also that the bed pads or other materials to be used for protection of patient's bed are in readiness for her illness. The most desirable vaginal pads are those made of absorbent cotton folded inside hospital gauze, sufficient thickness of cotton to absorb discharge and prevent soiling of bed should discharge be free; and about five dozen are likely to be required in the average case. Cheesecloth may be used instead of hospital gauze, but cotton batting is a poor substitute for absorbent cotton. cheap, but a poor absorbent. other more desirable materials are not available, a quantity of clean old white cotton or linen may be on hand-worn sheets, towels, pillow cases, etc.-and these (be sure that they have been well washed and boiled), when folded into pads, make a fairly satisfactory substitute, and one that, like the absorbent cotton, can be immediately burned when soiled. Besides the oilcloth, customarily

provided for protection of patient's bed, three or four pads will be a great convenience. One, for use at time of birth. should be large and thick; others for later use may be smaller and thinner. Cotton batting laid between two layers of cheesecloth or old muslin, and then all loosely tucked together, is a common and satisfactory method of making bed pads, but they may be made of other materials if necessary. After vaginal pads are made they should be folded and wrapped (some separately and others in twos and threes) in pieces of gauze, cheesecloth or old white muslin, and then very thoroughly sterilized before being laid away in some clean box or drawer, where they will be undisturbed beforehand and convenient when wanted. Bed pads should also be made into separate packages and sterilized, and there should also be provided and sterilized, ready for use, a T bandage (more than one may be required, but, if so, others can readily be made later); a straight strip of strong, unbleached muslin about fifteen or eighteen inches wide, to be used as abdominal binder for mother, and another smaller strip, to be used as breast bandage, or, if not these, any preferred style. Neither al-dominal binder nor breast bandage may be required, but it is generally advisable to have them in readiness in case either or both may be needed. Unless absorbent cotton is solely to be relied on, the nurse should at the same time prepare, wrap up and sterilize the squares of gauze or soft old linen that are to be used for dressing umbilical cord, also the small squares of gauze, soft old linen or muslin that will be necessary for washing baby's eyes and mouth and for mother's nipples-ten or a dozen packages of

these, each containing a dozen small squares, will be none too many. Also make into two or three packages and sterilize the towels that are to be used in patient's room. Into a separate box or basket put the articles that will be at first required for baby—a pair of scissors (preferably blunt pointed): two lengths of string for tying umbilical cord; four strands of strong silk or cotton thread twisted together for each length, then both wrapped up in piece of gauze and sterilized will be satisfactory for this; material first required for dressing cord and for washing baby's eyes and mouth; a supply of large and small safety pins; a spool of strong white thread and needle; a piece of old white Castile soap; a bottle of sterile oil; a box of talcum powder; a small glass jar of boracic acid powder; one or two soft towels for drying baby; two wash cloths, one for face and head and one for body; a strip of flannel about five or six inches wide and eighteen long for abdominal band—three or more of these should have been provided—one or two diapers and the rest of the clothing to be first used, also a large square of flannel or small soft old blanket in which to first wrap the newborn infant. It will be convenient to have also in readiness a glass jar of saturated boracic acid solution, a portion of which may be poured into small sterile vessel and diluted with hot sterilized water, so that it may be comfortably warm when wanted for washing baby's eyes and mouth, or for other purposes; also a bottle of alcohol for rubbing or bathing patient; a bottle of whiskey or brandy; a bottle of carbolized or sterile vaseline: a fountain syringe and a hot water bag. If called to an obstetrical case in the country it is advisable for the nurse to take with her more than she usually carries in the line of probable necessities for the patient—a bottle of corrosive sublimate tablets may be included and the glass catheter must never be omitted. The nurse is likely to be called to the case before the doctor, and she will at once proceed to get everything in readiness for his arrival and for time of birth. Prepare bed by first covering mattress with large piece of oilcloth (in cases where this is not available, newspapers may be used) and over the oilcloth place the sheet, always allowing, if length permits, plenty of sheet to be tucked under the mattress at the top, as it will have a tendency to slip downward, and fastening it at the corners smoothly into place with large safety pins. Over sheet place one of the thin pads which are to be used for protecting bed after labor, and pin it smoothly into position. The bed will now be as you want your patient to occupy it after labor and, in order that it may not become soiled in the interval and so render a change of undersheet or pad desirable at a time when patient most needs rest, it must be well protected. A second sheet should be spread over it and then a second piece of oilcloth, if such is at hand, and then the large thick pad prepared for time of labor. If there is no oilcloth use newspapers, and if there is no pad substitute a folded sheet. If a Kelly pad is to be used, oilcloth or newspapers will not be required over second sheet.

If patient's bowels have not moved freely within five or six hours she should have an enema of warm sterile water. It may be advisable to give her a warm sponge bath, and at any rate she may

be well washed with soap and water and then with sterile water about the geni-Her hair should be combed and braided in two firm braids and a clean nightdress should be put on. No underclothes should be worn, but a wrapper is necessary over night robe as long as patient is moving about. If the doctor has been sent for and is expected to arrive in good time the nurse need not make a vaginal examination unless the character of the pains indicate that labor is rapidly advancing. If, however, the nurse has to take the responsibility of sending for the doctor at the proper time a vaginal examination should be made in order to ascertain how labor is progressing. If examinations are not allowed the nurse, as may sometimes be the case, she must then judge by the character of the pains and should bear in mind that it is better to send for the doctor too early than not early enough. Until labor has well advanced the patient may be allowed to indulge her own preferences as to whether she will lie down, sit up or move about. She need not be advised to keep diligently moving about under the impression that this will hasten labor. It is not at all likely to increase the pains, but is pretty sure to tire out the patient, who needs all her strength. She need not, however, be restrained from moving about if she finds it more comfortable to do so. During the first stage of labor the patient should be fed, otherwise she may be more greatly exhausted after confinement than she should be. She may be given hot milk, broths, tea and perhaps some light solid such as bread and butter, although fluid diet is generally to be preferred on account of the probability of chloroform being given later. Patients sometimes suffer much from

nausea at this stage and to drink hot water will sometimes give great relief. When the patient takes to bed the nurse must be careful to arrange the night-dress so that it will not become soiled and require changing.

Prepare a stand for doctor's use, on which put basin for washing hands, basin for disinfectant, soap, nail brush, carbolized or sterilized vaseline and clean towels. In private practice the doctor frequently carries with him the disinfectant that he prefers for his own use, but if the nurse knows his preference it will be an advantage to have solution prepared. Have at hand plenty of cold and hot sterile water. Have also in readiness an empty pail into which contents of basins may be emptied, a vessel for reception of placenta and a clean pan for holding any instruments the doctor may desire to use. Place blanket for baby where it will be warm and convenient when wanted, and have at hand in a small vessel or inside the folds of a sterile towel the two lengths of string for tying umbilical cord, scissors for cutting cord and some of the small sterile squares that are to be used for wiping baby's eyes and mouth. nurse must bear in mind that, should an emergency occur, hot water will probably be the first thing asked for; ice also may be required, and this, too, the nurse should have provided if possible. Hemorrhage for the mother, and asphyxiation of child are the two great dangers at this time, and these possible emergencies should not be lost sight of, so that should either occur the nurse may be self possessed and ready to give every possible assistance to the doctor.

When infant is born the doctor will generally himself attend to tying and cutting of cord, but the nurse should be prepared to do so if required, and should see that baby's eyes and hands are wiped and that mouth is cleared of mucus, after which baby is wrapped up in blanket and put in some safe warm place while the nurse gives her attention to assisting the doctor in caring for the mother. The assistance required will depend upon the doctor and the special circumstances in each case and the alert nurse will readily perceive just what assistance may be desired from her. After expulsion of placenta, and doctor is satisfied that uterus is well contracted, the

nurse will be ready to bathe patient with warm sterile water or disinfectant solution (according to doctor's preference) and the articles designed for protection of bed during labor will be removed and a vaginal pad applied, all of which should easily be accomplished without much disturbance of the patient. The abdominal binder will or will not be put on as doctor orders. After the patient has been made clean and comfortable she should be allowed to rest quietly and the nurse may then give her attention to the baby.

## The Tuberculosis Problem and the Negro Race

MABEL JACQUES, Visiting Nurse.

I WONDER how many of us, even those of the medical profession, stop to realize what an important factor for evil the negro of the present day is against the tuberculosis crusade?

A well-known physician was quoted as having said, "Every member of the colored race is born with either rickets or a tubercular tendency." Rather a sweeping assertion possibly, and yet invariably we find it true.

You ask, "What about the hundreds of powerful, sturdy negroes that we see working on our streets, apparently immune to storm, heat and cold? What of the hardy, wash women that we meet carrying home huge baskets of clothes?"

We admit that they are all they appear to be, that neither rickets nor tuberculosis is liable to interfere with the healthful tenor of their existence. But, on the other side, turn to the stoopshouldered, emaciated brother of the sturdy man, hurrying along to get in

out of the cold, the inevitable mouth breather, casting scores of the wicked little germs into the atmosphere of the over-heated room which he enters. Watch him hurry to the stove, looking anxiously at the damper to see that it is throwing out the greatest amount of heat obtainable. The covetous glance that he gives the one solitary window to make sure that it is closed, that no possible space may be open to let in a breath of the life giving fresh air, which he abhors.

This is only one brother—there are hundreds of them, and mothers, fathers and sisters, too, all huddling around stoves and closing windows.

You reply, "But are there not also hundreds of white people doing the same thing? Take our great foreign population, among whom tuberculosis is so prevalent. Why is the colored race singled out as enemies of the prevention of tuberculosis?"

Since the question has been asked, let us look closely into the intermediate relations which the negro of to-day bears toward the white man.

In most of your large cities, and it is in the cities that we find the disease most prevalent, the great majority of our household work is done by colored people. They cook our meals, clean our houses, wash our clothes. Many of them sleep home at nights, where very likely some member of the family may have the dreadful disease.

Let us take, for example, a cook. She comes to us, let us suppose, through an employment agency. She brings with her good letters of recommendation, appears to be cleanly, and, in fact, as we like her general appearance, we engage her on a week's probation. At the end of the week she has proved most satisfactory.

We congratulate ourselves on our good luck, and go peacefully on, keeping our social engagements, enjoying our home life, and being generally happy, our only uneasiness being that the much treasured cook may leave.

A year, perhaps, goes by, the treasure intimates that she has had a better place offered her, higher wages, of course she explains, nothing else would tempt her to leave us. We raise her wages and breathe a sigh of relief when she says that she will stay, for one of the children has a bad cold and that is worry enough for us. Later on, when the cold continues, and the cough has grown worse, when the family physician has gravely looked at the once strong boy, and shaken his head as he listens to the cough; when a great specialist has come and told us that our boy must be sent away-Colorado, Arizona, Saranacany one of them, so long as he lives in

the open—then it is that we find cook more of a comfort than ever, as she tells us, with tears in her eyes, of her own child at home who has had a cough for so long. We find sympathy even in the account of the slowly wasting little figure, until suddenly we are roused from our tearful state with a start.

And well we may start, but perhaps it is too late that we question her about her home life, while she grows sullen and reticent over our queries, telling us indignantly that her boy has no such trouble—"It's only a cough, it is," she reiterates.

How different it might have been if months before, when the cook had been engaged, we had asked her somewhat of her family and her life at home. Had visited the little dark house, in the alley, where no sunlight ever penetrated, and there found the small boy, not so much older than our own dear one. Would not we quickly have seen the necessity for the boy going away? The gain that it might have been to himself, as well as others, if we had helped his mother to get him away!

But instead, night after night, she was going home to that boy, who was steadily growing worse, and bringing back the germs into our own home, to wreak the havoc that has come to us.

A sad story it is, and some of you doubtless shake your heads and shrug your shoulders, as you exclaim, "Nonsense! The less we think about these things the better it will be for us."

Now, cooks are not the only ones about whom we should be careful. The other day I went into the kitchen of a house occupied by a colored family, where a case of tuberculosis had been reported to me. It was a sultry day, but the one window was tightly shut. Several peo-

ple were in the room. A man by the table drinking beer, two children quarrelling on the floor, a woman, the mother of the patient, standing beside the ironing board at work on some fine, handmade underwear, and near her on a couch lay the patient, an emaciated figure, in the last stage of the disease. As I went quickly to open the window the patient raised his hand to try and stop me, but ended in a fit of violent coughing, the spray from his mouth flying out over the snowy linen packed neatly in the basket nearby.

And so, if we care to look more closely into the homes of those that work for us we would find many such incidents. Every day almost we hear of some death from the dreaded disease, and yet every day we hear of new dispensaries and hospitals opening to treat these cases, and of the hundreds that flock to their doors for treatment.

You will wonder, then, why it need be necessary for others to interest themselves in these poor families, if the dispensaries and hospitals are caring for

them. But think of the hundreds and thousands of people that these institutions do not reach, and how many more would be reached if each individual employing servants would take a human interest in those who are trying to the best of their ability to make our homes bright, clean and habitable. There are, I know, often great odds for one to fight against in dealing with the negro—even the younger generation are filled to a certain extent with some of the superstitions and traditions of their ancestors, making it most difficult to persuade them to adopt modern methods of treatment. But the employers often are able to overcome the objections more easily than any one else; they usually possess the confidence of the families, which goes far toward influencing these people.

On the whole, it is a very easy thing for us to regard our servants more as human beings than as machinery. To think of how and where they live. To help make their homes brighter and healthier, and so help us in the fight against the "Great White Plague."

#### Personal

Mrs. Dita H. Kinney, superintendent of the Army Nurse Corps, has recently given a series of lectures on Home Nursing in Montgomery and Birmingham, Ala. Mrs. Kinney went to Birmingham at the invitation of the General Sumpter Charter of the D. A. R., and to Montgomery at the invitation of the W. Y. W. C. A. In commenting on the lectures the Birmingham Herald states: "Mrs. Kinney is a delightful speaker. She is practical, clear in her statement and analyses, and she goes right to the heart of her subjects, not the theory of

nursing, but its practical side. None but a woman of broadest education and unusual experience in her chosen profession could bring out the essence of good nursing as she does.

The resignation of Miss M. E. P. Davis, superintendent of nurses in the Washington Asylum Hospital, has been accepted by the Commissioners, upon the recommendation of L. F. Zinkhan, superintendent of that institution. Miss J. Harriet Morand has been appointed to succeed Miss Davis.

### Report of Case

#### Acute Phlebitis

RACHEL TEN EYCK

A CUTE PHLEBITIS, such the case was diagnosed, and with its many complications and satisfactory result proved both interesting and instructive.

The patient was a man about 52 years old, a molder by trade. His history gave evidence to the fact that he had always been strong and well and an indefatigable worker. This present sickness had come upon him in the form of a cold. which lasted about a week, at the end of which he complained of pain in the right ankle and was obliged to keep his foot off the floor. When I was asked to care for him he had been in bed two days with right limb badly swollen, red, hot, and painful, and he had a temperature of 102.2, with pulse of 126 and respiration of 24. During the three preceding days the patient had vomited almost constantly, retaining absolutely nothing either of food or medicine. The medicine given at this time was Echinacea 15 gtt. q-2-h. Orders received were to give medicine and nourishment as could be tolerated by the patient, and to gently apply chloroform liniment to right limb and bandage.

After a sponge bath, alcohol rub and freshly made bed, I began by giving the patient albumen water, 3i q-1/2-h. This was continued from 9 P.M. until 1 A.M., when sterilized milk 3ii q-1-h and albumen water 3ii q-1-h were given, making a feeding q-1/2-h until 7 A.M. During this time there was no vomiting, and the medicine at regular hours, q-2-h, was resumed once more, thus proving

the value of nourishment given in small amounts at short intervals. During the first day patient was delirious and was in a constant state of profuse perspiration, making it necessary to change bed as often as q-2-h in order to make him comfortable.

On the second day patient suffered a chill which lasted one-half hour. External heat was applied and spts. Frumenti was given freely. Patient remained quite cyanosed from the hour of the first chill until the next day, when he had a second chill in which he became so cyanosed that he had the appearance of being black and blue. This chill lasted one-half hour, during which time the patient struggled constantly for breath. After the chill an order was given for spts. Frumenti 5i q-4-h and Strych. Sulph. gr. \(^1\)\_{60} H q-4-h.

On the fourth day patient fell into a heavy stupor in which he stayed during that day, the following night, and until 11 o'clock the next day, when he rallied a little. At 6 A.M. on the fifth day it seemd that the patient was dying. External heat, constant rubbing, H Strych. and spts. Frumenti tided over this time.

On the fifth day a consultation was held, it being decided to give a heavy dose of Calomel followed by a Saline. Seven grains, followed in two hours by the Saline, were given. Cathartic had been given previous to this with fairly good results. An ointment containing Ichthyol 10%, Mercurial Ointment 5%, Lanoline and Unguentine was ordered applied to the limb and abdomen, a con-

dition similar to an abscess having appeared in the right inguinal region, the parts to be covered with oil silk, cotton and bandaged. This dressing was done b. i. d., for fourteen days, thence once a day for seven days, the limb being raised to the height of one foot from the bed. During the first five days the temperature ran 103 with an irregular, intermittent pulse of 116, respiration 24. During this time the patient took sterilized milk, Bovinine, egg albumen and sterilized water. A feeding was given q-2-h and Potassium Iodide was added to the medicine. The patient continued much the same until the tenth day, when temperature was 98.3 and soft diet was given. On the eleventh day patient complained of pain in left ankle with a temperature of 101.3, a very restless, nervous condition being apparent. Liquid diet was resumed and left limb was dressed the same as right limb and elevated. Hypo Morph. gr 1/8 was given for pain. The condition in the left limb continued about as it had in the right limb, though not as badly, until the sixteenth day, when temperature was again normal and soft diet once more resumed.

Patient made steady improvement from the 16th day to the 26th day, when dressing was removed and he was permitted to sit up in the chair for fifteen minutes, the time to be increased each day as his strength permitted. Pulse on first sitting up was 104, having been while in bed 84. Patient continued to get up each day, and was put on full diet until the 32d day, when left limb became swollen and temperature rose to 102. The patient was put to bed with the

Ichthyol dressing reapplied and liquid diet given. At this time patient also complained of pain in right thoracic region, he being unable to take a long breath. Mustard paste was applied for twenty minutes q-I-h during the 32d night, and H. Morph. was given to relieve pain. The patient was kept in bed for four days, and was given Strychnine Cactus, this last condition being considered an Endocarditis.

Thirty-sixth day temperature again normal, pain in chest having subsided and inflamed condition of limb having disappeared, patient was allowed to sit up in a chair. We now were in hopes that a steady improvement would continue, but on the 39th day the patient lost the use of his right hand and forearm. I remained with the patient until the 42d day, having to feed him and assist him to dress. Electricity and massage were used for the arm condition, which improved under this treatment.

This case proved to me the value of perseverance on the part of the nurse in treatment no matter how dubious the case may be. I would say so long as there is life never give up. The patient has now returned to his work, and is in a fairly good state of health.

One feature of the case which was always in the patient's favor was his willing acceptance of everything done for him, and one pleasurable part of the case for the nurse was the patient's apparent appreciation of the care given him. To the physician both patient and nurse owe much for his wise direction and uninterrupted interest for the welfare of both.

## Practical Points

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To move a patient from one room to another it is sometimes hard to find a stretcher. To make one take portiere poles, tack on heavy sheeting, heavy spread and stitch with heavy linen thread. I find this makes a very good one. You could also use a large-size ironing board.

Just a suggestion about rheumatism. Give hot fomentations for twenty minutes to a half hour; then repeat in a half hour, covering the fomentations with a dry flannel, ironing them for fifteen minutes. Remove and, if the skin is irritated, lubricate with oil and cover with a soft linen cloth. I have had very good results with this treatment in severe cases, and often kept it up for twenty-four hours. At intervals of two hours it never failed to relieve pain.

Dr. W. E. H. Morse, of Algona, Ia., is the inventor of a unique device that is likely to do away in a measure with the hot water bottle, which is in such common use in the hospital and home. The device uses the heat of an ordinary electric light bulb. Instead of hot water, it consists of a metal container for the bulb, open on one side, and protected to prevent any danger of burning of the patient's body. It may be attached to any electric light fixture in an instant's time, and the heat is ready at once, without any waiting for water to heat, and without the usual leakage of a water bottle. It is also claimed that the combined rays of heat and light from the bulb are more beneficial than the heat only from a hot water bottle, the

heat and light arising from electric energy having curative qualities.

This apparatus will no doubt be an especially welcome adjunct to the equipment of hospital wards, being both speedy and clean, as well as producing and keeping a uniform heat.

In nursing gonorrhoea ophthalmia, or any disease of the eye, where continuous cold applications are ordered, it simplifies it greatly to place ice (chipped fine) into a small piece of gutta-percha (rubber tissue) and twist the ends together tightly. When applied, it will keep a uniform cold; also keep patient dry. If made light enough, will not be uncomfortable to patient.

In administering nitrous oxide, either alone or as a preliminary to either, the surgeons and nurses should bear in mind the fact that hearing persists until surgical anesthesia is reached. All remarks should therefore be of a pleasant character.

Hydrochlorate of quinine, one grain to the ounce, dissolved in warm boric acid solution, is an excellent douche in cases of leucorrhoea. The salt may also be prescribed in the form of pessaries, two or three grains in each. The pessaries may be made with a glyco-gelatine basis, and in this Pond's Extract may be used instead of water.

If your patient's feet hurt or itch her, bathe well with warm water, dry well, rub with pure alcohol, and powder them well.

## Extracts from the Journal of a Pupil Nurse

HAVE now been a nurse in St. Andrew's Hospital for one year. This time last year I was an unhappy probationer, but now after twelve months as a junior I enter the ranks of the seniors. It scarcely seems possible—Hazel Ballantvne a senior nurse! The annual graduation exercises of the training school are just over, and the head nurses have received diplomas and medals-and left, fully fledged trained nurses. advanced seniors (those who have been in training for two full years) have been invested with the command held by those who have gone, and wear the distinguishing black velvet band on their white caps with all the pride and importance of newly acquired authorityahem, I mean with grace and dignity.

I am on night duty. I don't feel like writing. I don't feel like doing anything, only wishing that my term of night duty was well over. \* \* \*

Still on night duty; still living the strange; unreal, out-of-the-world life of a night nurse. My nerves are weakening. Pretty soon they will be in rags and tatters. Miss Gray doesn't seem to notice. I don't suppose she cares, as long as I do not get sick enough to go to bed and jolt the smooth-working nursing machinery of the hospital. I never was sick in my life, but I feel very strange now at times. I have so much work to do, too. Not only must night nurses lose their proper sleep, but they are required to work even harder than the day nurses. It isn't fair.

I certainly cannot stand this much

longer. I fainted last night for the first time in my life. Miss Gray said I must have eaten something that didn't agree with me, and seemed to feel very much injured by my thoughtless action. She was greatly relieved when she found that I soon recovered sufficiently to continue on duty. I could stand the loss of sleep at night all right if I did not have to work so extremely hard. I think it a shame to have so few nurses on duty at night, when the work is the most trying. It oughtn't to be necessary to break down one's health in order to become a graduate nurse, but that is what it amounts to.

I am off night duty at last. Already I am feeling better, but I truly believe I will never be quite the same again. However, being released from night duty, I can once again feel that life is worth living—oh, the blest privilege of being able to sleep through the long dark hours of night. We are even unusually busy on day duty at present, but I am so glad to be again living in the world of daylight, sunshine and companionship that I am less inclined to complain over extra work. Not but that the work ordinarily assigned to a nurse is the very limit of what ought to be required of her. certainly is. I cannot understand why they do not increase the nursing staff. It seems to us sometimes that the authorities act as if they feared that the last grain of strength would not be exacted from us before we leave. long as I am able for the work involved when I am given an unusual number of patients to care for I do not mind it so much. What I really do mind more than anything is being given more patients to look after than I can possibly care for properly, no matter how hard I work. Under such circumstances it isn't the nurse's fault if things are left undone, or if the patients are not attended to as promptly as they ought to be, but, of course, the poor, overworked nurse is the one who invariably gets the blame from all concerned-patient, patient's friends, doctor, and even from the superintendent, whose duty it ought to be to see that her nurses are not weighted with work beyond the limits of human accomplishment or endurance. Complain? There is no use in a pupil nurse complaining. That would simply mean that her nursing career would be speedily strangled to death in the red tape that abounds in this well organized institution.

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Of course, a nurse ought to be an angel, and, equally, of course, she isn't. But, whatever her other qualities of mind and heart, common sense and tact she must have if she is to keep out of difficulties and be a successful nurse. These she must have for many reasons, one being that the simple method of telling the unequivocal truth in reply to the questions that daily bombard her from patients and their friends is seldom practicable, or, at any rate, advisable. There are many occasions when a nurse may have no opinion to offer when directly asked for one, times when she may vaguely murmur, "Really, it is hard to say definitely," or something similarly conclusive, but this does not mean that she has no opinions of her own on the subject, nor yet that she does not know the opinions of those better qualified to form them. Sometimes it is safe to borrow the opinions of higher authorities,

and if so we get along very nicely in that way, but the opinions of higher authorities must here be used with great discretion, and never under circumstances where they might be held responsible for them should they chance to prove erroneous. There are opinions expressed by doctors either directly to nurses or in their presence that the nurses do not feel at liberty to repeat, and ought never to dream of repeating. The conclusion I have come to is that it is never wise to repeat in answer to the question of a patient or a patient's relative the opinion of the doctor, no matter how freely and forcibly it may have been expressed to yourself, unless you have heard the same opinion expressed by the doctor himself to the person who asks the question, but when this is the case you are at liberty. nay, it is incumbent upon you to express the doctor's opinion with all the conviction in the world, and lovally uphold it whenever occasion requires. Sometimes it is possible to take refuge in silence, but this is apt to give offence, and it is more desirable to be able to word a polite and beautifully vague reply without an instant's suspicious hesitation. Truly, it keeps a nurse on the qui vive to find a channel in which she can steer a safe course day after day without being swamped by the waves of professional prejudice that lash her frail craft on one side, or wrecked on the rocks and shoals of inconsiderate questions that constantly threaten destruction on the other.

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I have been transferred to duty in the private wards, a change which I lament, for I was so long in the surgical wards that I have almost grown to feel that I belong exclusively to them. But likes or dislikes are of no avail; we must take

duty wherever assigned, and become familiar with nursing in every department. In the private wards just now are some verv peculiar patients. However. "cranky," "eccentric" and "peculiar" patients are a feature of hospital life that can rarely be overlooked in any of the wards, though fortunately for our peace of mind, they are in the minority. The majority of my patients I shall always remember as nice people, pleasant and grateful. Not all the trials and hardships of a nurse's life have power to counteract the pleasant memories that I shall aways retain of many of the patients for whom I have cared. But, alas, such is the ingratitude of human nature that some of the most agreeable patients in a hospital are soon forgotten, while others who get much less than their deserts when called simply "peculiar" are sure to be long and distinctly remembered, perhaps never forgotten. "Peculiar" patients are not rare. The hospital, as one soon discovers, is a convenient and respectable dumping ground where worn-out relatives can, on the plea of "so many conveniences there, you know," cast their too, too peculiar sick friends. I do not blame the relatives of those choleric, fault-finding, unhappy grumblers—I know what their trials have been. Besides, what is a hospital for if not to care for sick people? Sometimes the relatives are honest, plain-spoken people, who voluntarily state that they have been driven wellnigh crazy trying to cater to the wants of the patients they are bestowing upon us, frankly pitying us when, later, they pay their duty visits and wondering admiringly how we ever manage to get along so well. Not infrequently they offer us presents of fruit, flowers or more substantial things (which the rules

forbid us to take), but whether this is done by way of reparation for the added trials they have so gladly thrown upon us, or as thanksgiving offerings for their own happy release, they do not say. But not all our peculiar patients' relatives are straightforward. Some of them ease the prickings of conscience for having gotten rid of some uncertain tempered sick one dependent upon them by an elaborate display of watchfulness and a fine show of anxiety regarding our care of their dear ones, and in such cases not only have we to put up patiently with all the petty trials and tribulations the "dear ones" themselves cause, but likewise with the many added annovances generously contributed by the zealous relatives who have so thankfully passed their charges over to us. But one must not permit one's self to grow pessimistic or irritable; a good nurse endeavors to keep a sweet smile and placid demeanor whatever may happen. If in the midst of some very important task I am suddenly obliged to drop everything and rush away to ascertain what urgent need or impending catastrophe is impelling my hypochondriac lady in No. 5 to frantically endeavor to ring a fire alarm or pull down the bell rope, there is still no excuse for becoming cross, I know, Upon finding that she merely wishes to ask me how old Dr. Kenwell is, and why he has never married, and if I do not consider him very good looking, I may feel inclined to remonstrate, but, having learned wisdom. I do not remonstrate at all. I smile sweetly—as sweetly as I can-answer her queries with due respect and quite as if it were a customary and welcome thing to be imperatively summoned by a frenzied bell in order to inform patients as to a doctor's age, the cause of his celibacy and my private

opinion of his personal attractions. Adopting this course, I soon leave her in great good humor, whereas were I to remonstrate ever so mildly she would consider herself much abused and be harder than ever to manage. And when my other peculiar patient, the nervous man in No. 2, complains that I fail to give him the full complement of considerate attentions necessary for his welfare and recovery, I must only smile solicitously and murmur sympathetically, "That is too bad." I must not retort, as I think, "No. I don't, and what's more. I never could, because to give you all the attention you think you need would require a staff of six special nurses."

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I have now come to the time when I may at any moment be required to leave the hospital and take a private case. Most of the nurses say that they do not like to be sent out on private duty, but for my part I think it may prove a nice change from the discipline and the everlasting rules and regulations that hedge us in. Rules are necessary, of course, but surely we are subject to rather many. I have hitherto submitted meekly to every rule, every regulation, every

order, but there are times when they chafe. Of late I have sometimes found myself longing to yield to the voice of an inward tempter that bids me defy red tape and regulations when it can be done without interfering with my duty to the patients. There are so many rules, such battalions of regulations, such miles and miles of red tape that to me seem totally unnecessary—the existence of some of them is a positive insult to the manners and discretion of the nurses. The idea of it being made compulsory for us to ask the lady superintendent's permission every time we want to go out on the street, even though we are off duty. It isn't as if we were very young girls. When a girl is fitted for a hospital nurse she is fitted to regulate her own conduct without the aid of a thousand rules. I think that when the rules of this training school were framed it was surely done upon the principle of making life as trying as it possibly could be made for the nurses. I fancy that the board must have sat down and made out a list of everything it seemed likely that young women would care to do for innocent pleasure and then passed a sweeping motion to the effect that they weren't to be allowed to do any of them.

#### Minneapolis, Minn.

The fourth semi-annual meeting of the Minnesota Graduate Nurses Association was held April 14 at the Pillsbury House. More than 100 nurses from various parts of the State were present. Miss Edith Rommel, who was last year appointed by Governor Johnson president of the State Board of Nurses Examiners, read a paper on the "Nursing Conditions in Hospitals in Minnesota," from which it would seem that in system, equipment and measure of success obtained the Minnesota hospitals compare favorably with those of any other state.

#### Personal.

Miss Catherine Concannon, of Rochester, who was for several years in charge of the Nurses' Club, at 1101 East Genesee street, Syracuse, and for some time on the staff of the City Hospital there, has been appointed a nurse at the tuberculosis clinic by Health Officer C. M. Totman, of Syracuse.

Miss Muriel Flower, who is taking the Trained Nurse course at the Albany City Hospital, and who recently suffered an attack of scarlet fever, is convalescing at her home, in Athens.

# The Diet Kitchen

#### Serving Food to the Sick

ROSAMOND LAMPMAN.

PAPER I.

O prepare and serve a suitable dietary for the sick in a palatable and tempting manner is not only mastering a science, but an art. One may have a very thorough knowledge of the chemistry of digestion and assimilation, yet not be able to prepare food that a very sick or convalescent patient may take: there are also excellent cooks who can plan very satisfactory meals for those who are well, and not be able to do the same for an invalid. The art of developing the natural flavor of food material, to prepare it perfectly and thoroughly digestibly, cannot be accomplished without rule or method, although some methods may be better than others.

In the sick room the dietary must be modified according to the needs of the patient, the conditions of the different organs, and the nature of the disease. The time of giving food and the intervals between the supplies, the amount to be given at a time, and the method of preparing the food are all details of great importance, together with the consideration of the kind of food to be given. In no part of her profession can the nurse be of so much service as in her ability to prepare and administer food to her patients with such tact and skill, that they may gain strength, and thus aid in overcoming the disease from which they are suffering.

When our patients are very ill we cannot give them a sufficient amount of food to sustain them for five or six hours as in health, therefore, they must have their nourishment given in smaller quantities at shorter intervals. These will, of course, depend upon the quantity that can be taken at a time, and the celerity with which the assimilation is carried on. It is then that only such foods are given that have been prescribed or approved of by the physician in charge, but when the patient is out of danger, and a variety of food is necessary, the nurse may use her skill and knowledge to shorten the period of convalescency by the wise administration of food.

It is often necessary to tempt the appetite of a patient, for what is sometimes supposed to be a desire for nourishment or food, may be merely due to the method of preparing or serving it. Neither can we force the appetite: it is better to serve too little than too much. Schuster says, "The ideal diet is that combination of food, while imposing the least burden upon the body, supplies it with exactly sufficient material to meet its wants." Surroundings and circumstances under which food is taken will have much to do with the comfort of the patient; the odor of cooking food or the noise of the preparation should be kept as far from the sick room as

possible. Do not ask your patient each time beforehand what she would like to eat, but serve what you know is wholesome and nourishing in a dainty and tempting manner; it is often the unlooked for which pleases most. There are times when your patient may seem too ill to notice detail, when, perhaps she is only too ill to mention them. A fastidious or very nervous patient may have the desire for food completely destroved by a little too much or just a suspicion of grease on the broth or beef tea. Untasted food, dishes that have been used, cups or glasses, ought not to be left standing about the sick room. Never serve milk, eggs, fish or any perishable food if there is the least doubt of their absolute freshness. As a rule, the sick do not like any food very sweet, no matter how much they may care for it in health. When sick sweet things have a tendency to nauseate them.

Punctuality in serving all food must be carefully observed, never disappoint your patient by making her wait ten or fifteen minutes after the regular hour for eating, for the appetite ready at the regular meal time may vanish entirely if delayed too long. The administration of food at regular intervals is also very important when the vital forces are low, as in the case of the very sick, for so much depends then on the system being sustained over the critical period.

Never hurry your patient over her food, she should be allowed to take her meals as deliberately as possible. Very often patients are unable to take any food at meal time, but may have a desire to eat later, and this desire should not be disregarded, for usually when the time for taking the next supply has arrived, she will be less able to eat than

before. It is a good idea to prepare something shortly after the regular meal has been refused, changing the form of serving in some little tempting way.

When feeding a helpless patient with fluids, if the head is to be raised, it will be much easier for the nurse, and more satisfactory to the patient, if the hand is placed underneath the pillow and both raised gently together. If a tumbler is used it should be a small one, and not more than two-thirds filled. A patient lying on her back can, after a few trials, drink from a glass with more comfort than when using a tube or feeding cup.

Always bathe your patient's face and hands just before serving a meal, and rinse the mouth each time after eating with pure water. In cases of helpless patients, if the mouth is allowed to become parched or sour they will often refuse nourishment, which they might in other respects gladly take; the mouth should be rinsed before and after eating, especially after taking milk, with diluted listerine, or a little borax and water. If the patient is unable to rinse her mouth, it should be frequently cleansed by using a swab of pure absorbent cotton moistened with the solution

In order to have all food served to a patient as tempting as possible, the linen china and silver should be the very prettiest in the house, providing the nurse volunteers to be responsible for any evil that may befall them. It is a good idea for the nurse to see that all dishes used in serving food to her patients are carefully washed and dried; in fact, it is usually necessary for her to care entirely for the tray and dishes, as well as the food for her charge.

When arranging the tray for your pa-

tient let simplicity prevail at all times. Arrange the dishes in order and harmony, never use those that discord in color, for harmonious combinations of color can act a very important part in serving food to an invalid.

Variety in cooking often takes the place of variety in food, and when certain foods must be limited change the manner in serving. A very nervous patient may often be coaxed to eat more by having her meals served in courses, than if given everything at once.

the saucer or on the tray linen. Always serve cold things cold and the hot ones hot, not lukewarm.

Particles of grease on the broth or beef tea may be easily removed by filling a cup or bowl full and letting it stand for a few minutes that the grease may rise to the top, then skim with a piece of white blotting paper; pour the broth carefully into a small saucepan, reheat, and serve.

Those who have the care of the sick ought to have a cheery manner, and



KEEPING THE FOOD HOT.

Have all plates, cups and saucers very hot when used for toast, tea, coffee, etc. Hot water plates are very convenient, but when they cannot be secured put the plate containing the food you wish to serve hot over a bowl of boiling water, and cover with a hot saucer, then with a napkin folded around the roll or baked potato you can carry your tray from the basement to the top of the house, reaching your patient's room with the meal nice and hot. Never fill a cup or bowl so full that it will spill its contents into

when feeding her patient she should divert her mind as much as possible from her ailment by introducing some cheerful and interesting subject.

These trifling details may appear to many unnecessary, but it must be remembered that the horizon of the sick room is most limited, and the patient who has been confined in bed or in one room for a long time with some serious illness often thinks too much of her immediate surroundings. Usually her meals are the principal event of the day.

## Editorially Speaking

#### Improving People by Law

In the early part of March, Mr. Lawson Purdy, president of the Board of Assessments of New York City, created quite a sensation at a meeting of the Equal Suffrage League at the Hotel Astor during the course of an address on Equal Suffrage.

He is reported to have said that while he believed in the ballot for women, he thought that if they had a vote they would make it a great deal harder to get reforms, and they doubtless would interfere largely with personal liberty.

He added that women seem to have a tendency to stop gambling, to induce prohibition and the like, and, in short, to make us good before our time. "The activity of women seemed to be to try to legislate people into doing those things which should be left to the persons themselves to decide."

These statements are illuminating, for they express tersely and pithily one of the troubles of the nursing profession one of the few, perhaps the only profession in which social and ethical advancement has been sought through mere legislation, as differentiated from educational and mental advancement.

This very thing explains some of the blunders which have been made by the few, who, through lack of opposition, have so often managed to gain a precarious direction of nursing affairs.

There may be some room for argument with regard to improving the ethical standard merely by the passage of laws. But there is no argument to defend the attempt to bring the nursing

profession merely by law, and at wholesale, so to speak, into social prominence. Doctors, lawyers, chemists, engineers and dozens of other professions require a longer period of study than the nursing profession, even with the three years' course. A Ph. D. in chemistry is seldom acquired under six years, for instance, yet the world at large does not necessarily conclude that because a man is a Ph. D. in chemistry that he is also a gentleman. He may have brains and ability and still be crude personally. And the same can be said of all other professions, and while we admit that the contrary is more frequently the case, still it is not universally admitted that just because a man belongs to one of the learned professions he is necessarily a gentleman for that reason.

This same rule must of necessity apply to nursing. If the course was lengthened to four years, if the educational standard was greatly increased, nurses would still be received "in society" on their personal value and not on their professional standing.

We mean "society" in its best sense. The best society, not necessarily composed of the richest people. Therefore, we decry the efforts which have been made to throw the nursing profession wholesale into society. It will not work, because society has never yet accepted any profession, with the possible exception of the Divine, in a wholesale manner. Any attempt to make it accept the nursing profession in this form will only result in the demoralization of the profession.

#### Theories and Theorists

Nor long since in England a strong plea was made by Mrs. Bedford Fenwick for the appointment of trained nurses in prisons. She spoke of the degrading and deplorable conditions to which female prisoners were subjected, both in health and illness, and believed that a trained nurse in a prison might be a strong reform or redemptive agent.

In a recent letter to the British Journal of Nursing, Miss Dock commends this idea of nurses in prisons and speaks also of the address made at the Richmond convention by Mrs. Crane on the need of nurses in county almshouses and the efforts that American nurses were going to put forth to meet this need.

There is no doubt that much might be accomplished by the right kind of trained nurses in such places, but the question arises whether American trained nurses would be willing to spend their lives, or many years or months of them, in that kind of nursing.

It is easy to stand on a platform and urge nurses to go into this class of work among the dregs of humanity, or to write a forcible article about the conditions, but would these speakers or writers be willing to enter on that kind of service themselves as nurses? It is always easy to be philanthropic and progressive at the expense of other nurses.

It is easy to be altruistic sitting in an easy cnair, or even standing up in public. One gets a certain amount of admiration and credit and popular applause for bringing forward such advanced ideas, but it is a different matter to go into prison work and live the life day after day, year in and year out.

The almshouse position does not call for quite as much heroism, and we know nurses who have had almshouse positions and been happy in them. But the question occurs, if it be true, as some of the leaders in nursing affairs are so fond of asserting, that the reason for the scarcity of pupil nurses is because modern young women are unwilling to endure the dreadful conditions of life in our hospital training schools, how can they urge them or expect them to be willing to endure the incomparably worse prison and almshouse conditions?

Are the American nurses ready to make these sacrifices? Are they ready to "take these positions in a spirit of enlightened philanthropy and professional unselfishness," as Miss Dock thinks they should? It would take a great deal more heroism to stick at one of these prison and almshouse posts year after year than to go to a foreign country. There is very little romance about life in a prison or almshouse ministering to human wrecks of the lowest type.

Graduate nurses have proven singularly unwilling to remain long as ward nurses in hospitals where the conditions are comfortable and where they have constant association with other nurses. Would many of them endure for long at a time the isolation and difficulties and discouragements of prison and almshouse nursing when they knew they could make a living in other ways?

What would be the social standing or the professional standing of the almshouse and prison nurse? Would other nurses look down upon her? How would the public treat her? Would her position be on a par with the prison and police station matron, or how would she be regarded?

We have known religious workers who suffered social ostracism and endured the contempt and opposition of sister workers from the same institution, because they chose to spend their lives in trying to persuade women to abandon life in the red light district. Would a prison or almshouse nurse be accorded the same treatment by her fellow workers?

We do not believe the spirit of selfsacrifice is dead by any means, but the sacrifice in this case is not made in saying what ought to be done. The altruism does not consist in urging that nurses be professionally unselfish enough to accept such a position. It might be worth while for some of those who advance these ideas to spend a year or two in prison or almshouse work as a practical experiment just to work out their own theories. If they themselves would take such a position "in a spirit of enlightened philanthropy and professional unselfishness" they could then speak with authority. They perhaps then might hesitate to urge nurses to make such sacrifices.

#### + Something Wrong

WE recently read the following editorial comment in an alumnae jour-"By the way, only about onethird of the graduating class went up for the R. N. examination at this time. What are the others going to do about it?" We believe the pertinent question in this case is not "What are the others going to do about it," but why did not the other two-thirds of the class care to register? As this class was from one of the best training schools for nurses in New York State, and one which turns out fine nurses, the natural inference is that the fault must be with the registration methods and not with the graduates. Another comment which appeared in the same editorial is worthy of serious consideration:

"In connection with these 'R. N.' examinations, it seems as if the arrangements for the practical part ought to be improved. Most of the nurses spent two or three days sitting around at the examining place waiting their turn, which was not only boresome and nervous work for the candidates, but very trying for superintendents of nurses. For instance. in the case of --- Hospital, the examinations kept twelve of the most efficient nurses out of the wards for four afternoons in succession, only one of these afternoons being required for the examination. Such waste of time is surely not in accord with the spirit of the age."



#### A Step in the Right Direction

WE have from time to time called attention to the great amount of extraneous matter which was given place on the program of the annual meetings of the Associated Alumnae to the exclusion of discussions on practical nursing. It was said by a member after the last convention that "everything was talked about but nursing." It is very gratifying, therefore, to note that on the program of the next meeting, which takes place in May, practical nursing questions hold an important place. This is a step in the right direction, there has been quite enough valuable time wasted on fads, which have no real bearing on the work of the nurse.

## In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### Michigan State Nurses' Association.

The fourth annual meeting of the Michigan State Nurses' Association will be held at the Epworth Heights Hotel, at Ludington, June 30th and July 1st and 2nd, 1908. The invitation to the Association to meet in Ludington came from the Board of Trade in that city, who have arranged a very attractive programme of social events, including a picnic dinner, an afternoon in the woods at Lake Hamlin, carriage and launch rides and an afternoon spent on Lake Michigan. During the boat ride Mrs. Foy, of the Battle Creek Sanitarium, will conduct an experience meeting, where topics of general interest will be talked over informally by the nurses. The programme is as follows: Tuesday, June 30th, II a. m., registration of members and visitors, payment of annual dues, meeting of Executive Board. Tuesday, 2:30 p. m., call to order; Invocation, Rev. B. H. Burtt; Address of Welcome, Mayor; Response, Miss Theta Mead, Cedar Lake; Annual Reports of Committees: Address of the President: Parliamentary Law Drill, Mrs. W. H. Holden, Detroit; 8 p. m., Informal Reception and Social at Stearn's Hotel. Wednesday, July 1st, 8 a. m., Meeting of Executive Board; 9 a. m., Call to Order; Minutes of June 30th; Parliamentary Law Drill, Mrs. W. H. Holden, Detroit; Unfinished Business; Report of Delegate to State Federation of Woman's Clubs, Miss I. M. Barrett, Grand Rapids: Report of Delegate to Nurses' Associated Alumnae of United States, Miss S. E. Sly; Report of Nominating Committee; Paper, Red Cross Work, Dr. Rowland, of Detroit, read by Miss L. R. Durkee; Paper, Nursing for the Small Wage Earner, Miss Flora Nieman, Grand Rapids; 12:30 p. m., Picnic Dinner at Lake Hamlin; 8 p. m., Call to Order; Minutes of Previous Session; Unfinished Business; Paper, Profession of Nursing, Mrs. L. E. Gretter, Detroit; Paper, Why

We Need State Registration, Mrs. S. E. Sly. Birmingham. Thursday, July 2nd, o a. m., Executive Board Meeting; 10 a. m., Call to Order, Minutes of July 1st, Election of Officers, Unfinished Business, Report of Tellers; 2 p. m., Boat Ride on Lake Michigan, Experience Meeting in charge of Mrs. M. S. Foy, Battle Creek; Minutes of July 2nd. Adjournment. The officers of the Association are: President, Miss C. L. Parker, Lansing; First Vice-President, Mrs. M. S. Foy, Battle Creek; Second Vice-President, Mrs. G. O. Switzer, Ludington; Recording Secretary, Miss Fantine Pemberton, Ann Arbor: Treasurer, Miss A. M. Coleman, Saginaw; Chairman Ways and Means, Miss Jessie Lennox, Lansing; Credentials, Miss I. M. Barrett, Grand Rapids; Nominations, Miss M. C. Haarer, Ann Arbor; Arrangements, Mrs. Clara Smyth, Ludington; Printing, Mrs. A. G. Deans, Detroit.

#### Indiana State Association.

The semi-annual meeting of the Indiana State Nurses' Association was held at Ft. Wayne, March 27 and 28. The meeting opened with an informal reception to the delegates in the assembly rooms of the Court House, at 10:30 a. m., March 27. The afternoon session was called to order at 2 p. m. The principal address was delivered by Dr. M. F. Porter. Among other things Dr. Porter said: "I would not advocate the lengthening of the scholastic term, for it would cause a shortage of nurses, and this we cannot afford to have." Other speakers were Miss Edith Favorite, Dr. W. O. Gross and Miss Isabel McIsaac. In the evening a reception was tendered the visitors at the Standard Club.

The second day's session opened with a clinic at the Indiana School for Feeble-Minded Youth, and was in charge of Dr. Charles Beall. During the noon hour a luncheon was

served at the Homestead Cafe. The afternoon session opened at 1:30, and was taken up with the reading of papers, the reports of standing committees and the Question Box.

The most interesting report came from the tuberculosis committee, in which the recommendation was made that the association endorse the movement to erect a State tuberculosis hospital. The movement for this establishment was characterized as being worthy of all possible support which the nurses can give it. A resolution putting the organization on record as desiring the construction of such a building was passed.

The association is in a very flourishing condition.

#### New York City.

The graduating exercises of the Bellevue Training School for Women Nurses and the School for Male Nurses were held April 9 in the auditorium of the Cornell Medical College. The annual reports of the schools were read, diplomas presented to graduating nurses and certificates awarded in the graduate courses. Dean W. M. Polk, of the Cornell Medical College, presided.

After the invocation the first report read was that of the secretary, Miss Harriette Rogers. In it she spoke of the growth of the schools and the increased opportunities, as well as the responsibilities, since the opening of the Harlem and Fordham hospitals. She called attention to the need of increased accommodations.

The report for the year of the Mills Training School, at Bellevue, for male nurses, showed that its usefulness had been greatly extended, and its scope augmented by its affiliation with the King's Park Hospital. There are now seventy-nine men in the classes. Last year fifty-six probationers were examined, of whom thirty-one were accepted.

Homer Folks, president of the State Charities Aid Association and former Commissioner of Charities, spoke on the outlook to-day for nursing as a profession.

Those graduated from the Women's Training School were:

Miss Sarah Allen, Miss Lennie Arthur, Miss Sada Bell, Miss Jennie Carnes, Miss Anna Christin, Miss Lucy Costello, Miss Columbia Crudup, Miss Iva Davis, Miss Roe Dougherty, Miss Nellie Fitzsimmons, Miss Mary Foley, Miss Josephine Gillis, Miss Agnes Hanley, Miss Ethel Henly, Miss Blanche Hulse, Miss Adelaide Irving, Miss Jennie Johnson, Miss Frieda Kiesling, Miss Hazel Longman, Miss Laura Madill, Miss Julia Marlborough, Miss Edna Mattison, Miss Amelia Massapust, Miss Mabel McKay, Miss Mary McGregor, Miss Mary Nangle, Miss Winifred Noon, Miss Daisy Patterson, Miss Catherine Reilly, Miss Mabel Rinker, Miss Jennie Robinson, Miss Elizabeth Shellabarger, Miss Eliza Sly.

Certificates in the post-graduate courses were awarded as follows:

Miss Ethel M. Acorn, Miss Elizabeth C. Avery, Miss Mary Carey, Miss Etta L. Gile, Miss Rachel Isaacson, Miss Janet Kirk, Miss Anna Nielsen, Miss Winifred Ramey, Miss Mary Robertson, Miss Georgena G. Whitman, Miss Mary Wright, Miss Elsa Ralston.

The men graduated were:

Henry K. Baldwin, Forrest A. Blood, Louis Duzits, Joseph Fleckenstine, Nelson Gerard, Frederick W. Graul, James C. Gunkle, Hubert S. Jamieson, Chauncey R. Marks, Iber W. Mervine, George Peter Moll, Nicholas Romano, Harlem G. Rubert, Byron J. Smith, Swen Oscar Swenson, Edward Swinden, Bert G. Wilcox, Frank V. Wilson, Charles F. Witzig and William A. Young.

Certificates of the post-graduate courses were awarded to Emmor Pepper, State Hospital, Willard, N. Y., and Walter E. Simmonds, Toronto Hospital for Incurables, Canada

Receptions in the nurses' home followed the exercises.

#### Cincinnati, Ohio.

At the last quarterly meeting of the Cincinnati Hospital Alumnal Association, the parlors of the Nurses' Home were filled with enthusiastic members. The Endowment Committee reported progress. Resolutions were adopted that we assist in entertaining "The American Society of Superintendents of Training Schools" at their fourteenth annual meeting, to be held at the Hotel Sinton, April 22, 23, 24, 1908. After the meeting Dr. Michael Behrman, oculist, of Covington, Ky., gave an interesting address, entitled "The Care of the Eyes." The next meeting will be held June 1, 1908.

MRS. OSCAR BEHRMAN,

Secretary.

#### Visiting Nurse Conference.

The Visiting Nurse Association of Chicago has arranged for a conference of visiting nurses, to be held at the Auditorium Hotel, Chicago, Ill., Saturday, April 25, 1908.

At the morning session papers will be presented on the following subjects: "Visiting Nurses in Relation to Public Schools," "Visiting Nurses in Relation to Juvenile Court," "Training School for Visiting Nurses," "Past, Present and Future of Visiting Nurses Work." Among the speakers we find the names of Miss Harriet Fulmer, Miss Jane Addams, Judge Julian Mack, Miss McLeod and Dr. Clarence Webster.

The afternoon session will be devoted to ten-minute papers, followed by informal discussion. Among the speakers of the afternoon will be Dr. William A. Evans, Commissioner of Health of Chicago; Mrs. L. A. Gretter, Visiting Nurse Association of Detroit; Miss Margaret McClure, Visiting Nurse Association of St. Louis; Miss Leet, Visiting Nurse Association of Cleveland.

#### Plainfield, N. J.

At the annual meeting of the Alumnae Association of the Muhlenberg Hospital Training School, which was held at the Nurses' Home, on March 17th, the following officers were elected for the year 1908-1909: President, Miss O. Z. De Lany; First Vice-President, Miss M. Cramer; Second Vice-President, Miss Hughes; Secretary, Miss C. Van D. Stryken; Treasurer, Mrs. R. C. Davison. Satisfactory reports were read by the Secretary and Treasurer, and an address on "The Care of the Nervous Sick and Insane" was given by Dr. J. H. Buchanan, a member of the hospital staff. Refreshments were served and a social hour enjoyed by all.

N. B. DAVISON, Sec'y.

#### Orange, N. J.

A regular meeting of the Alumnae Association of the Orange Memorial Hospital was held in the Training School parlors March 18th, at 3 p. m. After reading the minutes of previous meeting the committee's report on the resignation of Mrs. Mann (nee Parson) and Miss Henry was received. It being impossible for Miss Henry to con-

tinue an active member, she has been made an honorary member. Mrs. Mann's resignation has not been accepted, the Association hoping that she can be persuaded to still remain with us. A letter was received from Miss Margaret Anderson, begging that the matter of the Central Registry receive attention to-day. Report was read of the special meeting called to consider this matter on February 14. Three physicians were present to address the nurses and fifty-five members were present.

After much discussion the subject was left to be settled at March meeting. Announcements were read of the serious illness of Miss Mae Perry, at her home; Miss Harriet Hapler, who is now ill with typhoid fever, and Miss Mary Knudson, who has been compelled to give up active work for the present. Committee on Chair for Economics reports progress, having heard from two-thirds of the Alumnae members, and expects to shortly complete sum asked for. General discussion on the advisability of the Alumnae co-operating with the doctors in the matter of Central Registry were followed. After much discussion the motion was made by Mrs. D'Arcy Stephen that the Alumnae Association take no action on the matter, leaving its members to act individually as they choose. Seconded and carried. Miss Druge asked that the motion made two years ago to devote \$50 to tuberculosis work be rescinded and the money be devoted to a fund to be used by the Alumnae in cases of illness or need of its members. Carried. The meeting adjourned and a pleasant social hour followed.

#### Fall River, Mass.

There was a large attendance at the regular monthly meeting of the Alumnae, which was held at the Training School. It was voted to ask the nurses to contribute again this year to the Union Hospital Building Fund. Last year \$1,000 was raised by the nurses of the city. A resolution of sympathy was passed for Miss Parker, of Dr. Truesdale's private hospital, on the death of her father, Rev. Mr. Parker. After the business meeting Miss Alice Wetherbee, Secretary of the Associated Charities, gave an interesting address, after which refreshments were served.

Miss Katie Sutherland has returned after

an absence of two years at her home in Nova Scotia.

Miss Boyce spent five weeks recently in Bermuda with a patient.

Miss M. A. Phelan, who went to Charleston, S. C., last Fall for a much needed rest, is greatly benefited by the change and hopes to return to Fall River shortly.

The tubercular cottages have been greatly improved since coming under the Board of Health management. Miss Hart, a graduate of Philadelphia, is matron. A modern hospital is to be erected this Summer in the southern part of the city.

#### Portland, Me.

At the Maine General Hospital, Portland, Me., on March 19th, a reception was given to Miss Amelia L. Smith, who, after fourteen years of self-sacrificing and devoted service, during which time she has brought the school to a standard unexcelled by any in the country, has recently resigned. Mrs. Fred Marston, on behalf of the graduates. presented Miss Smith with a beautiful silver purse, suitably engraved, containing \$65 in gold. Mrs. Marston extended the best wishes of the graduate nurses and Miss Smith feelingly responded. The pupil nurses gave a coffee percolator and gifts were also received from the employes. Letters of regret were received from many of the nurses who were unavoidably absent, yet gladly contributed to the purse. Refreshments were served and a social hour enjoyed by all. Among those present were Mrs. Walter Tobie, Mrs. Fred Marston, Mrs. Richards, Miss Caroline Allen, Miss Sara Gunn, Amelia Mann, Miss Sara Lyons, Miss Josephine McLaughlin, Miss Flora Hill, Miss Edith Soule, Miss Ellen Smith, Miss Day, Miss Adele Heath, Miss Geneva Grant, Miss Stain, Miss Buchanan, Miss Minerva Kenrick, Miss Evelyn Millay, Miss Ella Wheeler, Miss Galusha, Miss Angelia Pierce, Miss Alice Lord, Miss Clara Parmenter, Miss Maud Batson, Miss Hohenfeld.

#### Des Moines Notes.

On the evening of March 30 the Misses Mettler, Gladke, White and Lazenby, members of the Mercy Hospital Nurses' Club, 1544 Tenth street, Des Moines, gave a pre-

nuptial and farewell party for Miss Clara Henick, also a member of the club, whose marriage to Mr. J. C. Wilcox, of Appleton, Wis., was announced to take place in Chicago, April 2d. About twenty-five of the nurses and physicians of the city were present. Miss Henick was made the recipient of several very pretty presents, after which dainty refreshments were served and a very pleasant social evening was enjoyed. Miss Henick is a graduate of Mercy Hospital Class 'os, since which time she has been doing private work in the city and was considered one of the city's most efficient nurses. Mr. Wilcox is a rising young attorney of Appleton, Wis., where they will make their future home after April 15.

Saturday evening, March 14, the junior nurses of the Methodist Hospital entertained the senior nurses informally at the Nurses' Hall, which was prettily decorated in the class colors, green and white. During the evening a programme was given, consisting of readings and musical numbers. A number of informal talks were also given by different members of the classes and the pleasures of the evening concluded with an inviting two-course luncheon.

Miss Effie Simmons, Class '07, Homeopathic Nurses' Training School of Iowa City, has located in Des Moines.

Miss Madge Scott, one of Des Moines graduate nurses, has gone to Sterling, Colo., where she has taken up a claim.

Miss Ritter, for some time employed at Dr. Hill's "Retreat," a sanitarium for nervous diseases, has resigned her position and taken up private nursing in Kansas City, Mo.

#### Kalamazoo, Mich.

The fifth annual meeting of the Graduate Nurses' Association was held March 14, 1908, at the Y. W. C. A. After the reports from officers and committees, the annual election of officers was held. Following are the officers elected: Miss Florence M. Lee, President; Miss Minnie L. Johnstone, Vice-President; Miss Effie C. Pierce, Secretary-Treasurer; Miss Coral Vivian, Censor for

three years. The central directory established by the association has supplied 245 calls during the year for graduate nurses only, 102 being out-of-town calls. Since organizing the association has doubled its membership, notwithstanding three of its members have married and left the profession.

Effie C. Pierce, Secretary.

#### Philadelphia, Pa.

The regular stated meeting of the Nurses' Alumnæ Association of the Medico-Chirurgical Hospital, of Philadelphia, was held April first in the hospital.

Two new applicants, Miss Smith and Miss McCreedy, were admitted to membership.

The delegates are making all preparations for the convention in San Francisco.

At the end of the Winter term 1908, thirteen students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelpha, in the following branches:

In the Swedish system of Massage, Medical Gymnastics, Electro and Hydro-Therapy: Effa Griffin, Oakland, Cal., Grad. National Temperance Hospital, Chicago Ill.; Mary A. Hagan, San Francisco, Cal., Head Night Nurse Southern California State Hospital; Hanora T. Kelly, Fremont, Neb., Grad. Fremont Hospital; Jennie M. Malcolm, Paterson, N. J., Grad, and Ass't. Supt. Paterson General Hospital, Paterson, N. J.; Grace A. Palmer, Plainfield, N. J., Grad. Muhlenberg Hospital, Plainfield, N. J.; Katherine Rehsteiner, Evansville, Ind., Grad. Crescent Sanitarium. Evansville, Ind.; Nora A. Thorpe, Nebraska City, Neb., Grad. Memorial Hospital. Worcester, Mass.

In the Swedish system of Massage and Gymnastics: Martha Ann Day, Colorado Springs, Colo.; Nana Henderson, Terre Haute, Ind., Grad. Union Hospital, Terre Haute, Ind.; Rebecca V. Irving, Philadelphia; Margaret A. MacBride, Montreal, Can., Grad. Mary Fletcher Hospital, Burlington, Vt., member Canadian Nurses' Association; Kathleen E. Steacy, Montreal, Can.; E. Charlien Talbot, Terre Haute, Ind., Grad. and Ass't. Supt. Union Hospital, Terre Haute, Ind.

The Spring term opens in May and the Summer term in July.

#### Colorado Springs.

At the monthly meeting of the Nurses' Registry Association, of Colorado Springs, a committee was appointed to devise ways and means of entertaining the visiting officials and delegates of the A. A. of U. S. during their stay of twenty-four hours on April 29.

Mrs. Clara M. Balkam was elected president; Miss Carrie B. Moore, vice-president; Miss Christine Swingle, secretary, and Mrs. Frances Dean, treasurer for the ensuing year.

A paper signed by the most prominent doctors and nurses of Colorado Springs has been sent to Governor Buchtel, protesting against the injustice of Colorado Springs being deprived of representation on the State Board of Nurse Examiners.

Colorado Springs, Col., March 28, 1908.

To His Excellency, Hon. Henry A. Buchtel,
Governor of Colorado, Denver, Col.:

Sir—We, the undersigned, trained nurses of Colorado Springs, desire to call the attention of your excellency to the injustice that we feel will be done us if we are deprived of a representative on the State Board of Nurse Examiners. We are convinced that you are laboring under a misapprehension, and, confident in your strong sense of justice, we appeal to you to prevent what we believe to be a great wrong.

The State Board of Nurse Examiners, as at present constituted, has three representatives from Denver, one from Pueblo and one from Colorado Springs. We believe that this representation is fair and equitable and that it should be continued. The importance of Colorado Springs, both as the third city in size in the State and as a place with a large invalid population, justifies us in our belief that it should not be unrepresented on the State board. The local association of nurses has forty members, whereas the Pueblo association is much smaller. In view of this fact, it does not seem proper that Pueblo should be honored with two representatives and Colorado Springs deprived of its sole representative. It is important in a city of this character, with the second largest trained nurse association in the State, that there should be a member of the State board in close touch with the local nurses, and we most earnestly but respectfully voice our protest against being deprived of such representation.

Our action in appealing to you is not inspired by local pride, but rather by a sincere belief that the best interests of the large invalid population of this city will be best conserved if the present member of the Board of Nurse Examiners from Colorado Springs is reappointed.

Very respectfully yours,

Twenty-eight nurses' signatures follow.

To His Excellency, Hon. Henry A. Buchtel, Governor of Colorado, Denver, Col.:

Sir—We, the undersigned, practising physicians and surgeons of Colorado Springs, thoroughly indorse the above petition of the trained nurses of this city and most respectfully recommend the same to you for your earnest consideration.

Very respectfully yours, , Twenty-eight doctors signed here.

#### Married.

Dillon—Treleaven.—At the home of the bride's parents, Wingham, Ontario, Thursday, April 2, at high noon, occurred the marriage of Jean Treleaven to Sidney J. Dillon, of Des Moines, Iowa. Miss Treleaven has for two years been the efficient head nurse at the Iowa Methodist Hospital, Des Moines. Mr. Dillon is a well-known attorney of the same city, where the happy couple will be at home after May 1 at 2813 Cottage Grove ave.

#### Engagement.

Mr. and Mrs. Stephen Pauley, of Easton, Pa., announce the engagement of their daughter, Kate A. Pauley, to Mr. Charles E. Kiefer, of Nazareth, Pa. Miss Pauley is a graduate of the Philadelphia Hospital Training School for Nurses, class of 1902.

#### Obituary.

Died at her home in Des Moines, Iowa, Monday, April 6, 1908, aged seventy-six years, Mrs. David C. Young, better known throughout the State and nation as "Aunt Becky," the beloved and famous Civil War nurse. Mrs. Young (nee Sarah E. Palmer) was born in Ithaca, N. Y., August 19, 1831. At the outbreak of the war, having a patriotic impulse to become a nurse and give her services to the "boys in blue," she endeavored to induce other

young women to go with her to the front. Failing in this, she closed her ears to the remonstrances of family and friends and bravely tore herself away alone, following her home regiment, the Eighty-ninth New York, to Bladensburg, Md., where, on application, she was immediately assigned to duty as a volunteer army nurse. From this time (June, 1862), until 1865 she saw continual duty at the front, both on the field and in field hospitals, gently and tirelessly administering to the sick, injured and dying those services which made her beloved and famous throughout the Union army. On her return to her home in Ithaca in 1865 "Aunt Becky" became the wife of David C, Young. In 1866 they came to Des Moines, where they continued to reside. Here she was still devoted to her work of Christian ministrations wherever she was needed. In the G. A. R., W. R. C. and Iowa Humane Society she had been one of the most prominent workers. When the Spanish-American War broke out "Aunt Becky" was unanimously elected president of the Iowa Sanitary Commission, in which work she took much interest and did much good.

Besides her husband, Mrs. Young is survived by two daughters. Funeral services, conducted by the G. A. R., the W. R. C. and the Spanish War Veterans, were held at the Unitarian Church April 8, interment taking place in the G. A. R. plot in "Woodland," one of the most beautiful cemeteries in the West.

Mrs. Helen Brown, of Springfield, Mass., died at her home March 23, 1908. She had been in failing health since she underwent an operation about a year ago. Mrs. Brown was formerly Miss Sanger, and was married about two years ago to Mr. Charles H. Brown. She was a graduate nurse of the Springfield Hospital. She followed her profession successfully for many years, and became well known to many physicians and people as a skilful nurse. She was especially adapted to surgical nursing. When the local soldiers returned from the Spanish war she tendered her services as nurse to several of them. For some time she was office nurse for the late Dr. L. A. Prefontaine, and also for Dr. Walter R. Weiser.

(Continued on page 340.)

## The Editor's Letter-vor

A Trip West.

Monday, March 23d, 1908.

To the Editor of The Trained Nurse:

It is weeks since I promised you a description of my trip west, and here I am on my way yet, having made the acquaintance of Port Arthur, Ont., in the interval. Nature has done a vast amount for this place; it is one of the most beautiful locations I have vet seen, and needs only our ideal western climate to make it famous. Very beautiful indeed it now seems, wrapped in its mantle of soft, white snow; very modern houses project on hills like sentinels, and because the town contains its own electric light plant every house sheds forth a radiance of light. The town boasts one very up-to-date hospital, St. Joseph's, with a view of lake and mountain unsurpassed anywhere.

The Canadians here complain that Americans know so little of Canada, and I, though Canadian born, must confess that I am learning a lot about Canada and think it a country to be proud of, though I love U. S. better.

One very well built hospital in Port Arthur has not been opened, as the epidemic which raised the interest to build it passed away ere it was completed. There are several fine churches here, and a good line of electric cars connects this place with Ft. William, which town is as flat as this is hilly. In Summer large steamers come up here. The river through which they enter must be very deep, judging from the size of the boats now lying in this narrow stream. But I have left all that behind and am speeding westward over the C. P. R. R., finding much to admire in the snow-covered hills and tall pines and poplar trees, with here and there a clear white spot indicating where a lake lies bound in icy chains.

I have grown so accustomed to seeing people dressed in furs from head to foot that a furry animal appearing just now would cause no surprise; but none appears, only the C. P. R. R. holds right of way, but it gives very good care to the wanderers entrusting them-

selves to its care. In about six weeks the nurses will be leaving New York. How I wish I could have waited and come with them, for some will come this way, I am sure. By the way, Miss Ragan, the Superintendent of St. Joseph's, had so many nice things to say of the "Trained Nurse" and finished with the remark "Oh! I could not do without it."

We are just passing a huge rock, snow-capped sides, ice-coated, sparkling like diamonds; the great icicles hanging in such graceful sprays. The pink after-glow of a rare, beautiful sunset softens this dazzling white, and though we are due in Winnipeg at II, I shall be asleep.

Tuesday, 24th. Twelve hours of sleep broken by occasional glimpses, such as Winnipeg, with its imposing C. P. R. R. depot, brilliantly lighted. Morning found us in a land level as yesterday had been hilly, only a grain of white here and there indicates where snow has lain, while rich, dark soil peeping through golden stubble gives promise of grain in abundance at harvest time. A coyote in a field near the train is the only object of interest, while sunset sheds its brilliance over those long, level stretches.

Wednesday found us entering the Rockies, still beautiful with its covering of snow. I wish you could see it all. The Great Divide, where water runs east and west; while glittering glacier rests on sides of towering mountains and between are deep canyons. point of interest is a new track, built to overcome a steep grade; only a short road, but taking three years to build and costing \$3,000,-000. After climbing those great mountains, only to slide down the other side, then rush past swift streams and through dark tunnels, the traveler knows that vast amounts of gold, ingenious brains and brawny arms have been needed in constructing this link between east and west.

Now, streams lying westward to the sea, blue skies, balmy breezes and green grass springing from mountain sides, proclaim the fact that we have entered the Golden West; the land of opportunity and of hope, where the young grow strong and the old grow young again. The porter informs us that Cupid has fled from New York and Chicago, and has taken up his abode in Western Canada, and Canada is preparing to get out a copyright on him.

At 5:20 p. m. we enter the first of the many snow sheds on the wonderous Selkirk range. Ere darkness fell we had passed the famous loop, or figure 8, nor was the beauty of the glaciers to be overlooked.

Thursday finds us yet winding amongst the Selkirk mountains, but once in awhile, we catch a glimpse of wild flowers. At II a. m. we reach Mission Junction—back to the United States trains once more, for the road now lies over the Northern Pacific, and baggage is examined at Sumass.

Seattle, that beautiful city by the sea, is reached late in the evening. Eight p. m. on train bound for Portland, and if you do not grow weary of the tale, I may later tell you of some things I found there.

Eagerly I shall look each month for that ever-welcome messenger the "Trained Nurse," for since my personal experience, in an hour when hope was low, I realized more than ever that its bright pages endeavor to speak for the best interests of the trained nurse.

Sincerely,

JEAN S. EDMUNDS.

#### A Piea for Nurses.

To the Editor of The Trained Nurse:

A great many physicians often express their surprise, or rather dissatisfaction, when a nurse refuses a case of 24, 18 or 16 hours duty. I wonder whether they realize conditions under which a nurse is often working, especially the practice on the East Side of Manhattan, where I am nursing most of the time. The poorest and filthiest surroundings greet a nurse in a great many cases. She has not only the patient to attend to, but also to look after the cleanliness of the rooms, as there is not always female help at hand. Of course, the hospital is the best place in such cases, but the East Side, and often the poorest classes, are prejudiced against it, and prefer spending all they possess rather than to send the nearest kin to the hospital.

I have had night duty with rats as companions at the table while taking my mid-

night meal. I am pretty cool about it now, but at first my pulse was rather of a jerking kind. And there are other evils besides this. Many a night I have spent in collecting the everlasting dwellers of the tenement houses the bugs-from the patient's bed, throwing them into a basin of water for fear they might crawl into some of the natural cavities and cause the patient a rather unpleasant sensation. And the air? The doctor, who comes for a few minutes, has hardly time to dwell upon this important factor. The people are mostly prejudiced against fresh air, and close the windows as soon as the nurse is out of sight. Especially is this true in cases of measles and scarlet fever, where people strongly object to a free circulation of air, claiming that a speedy recovery can only be effected at a temperature of at least 100. One can fancy under what difficulties a nurse is laboring.

After cases of this kind, in order to be perfectly "sterilized," the only thing left for the nurse is to take a pure carbolic acid bath to get rid of all sorts of East Side "bacteria."

It is strange that while in any other profession, or rather business, a person is required to work less and not more than 12 hours, the work of a nurse, on the other hand, is considered such easy matter that the doctor does not hesitate to insist on a few more hours work, if not on all twenty-four.

On a serious case, and a nurse, especially on the East Side, is but seldom called to any other, she has to be always alert, and in many cases responsible during the absence of the doctor.

The nurse works both physically and mentally, and the nervous system being strained as well, it accounts for frequent cases of nervous prostration.

C. BROUNOFF.



#### A Correction.

To the Editor of The Trained Nurse:

In a recent issue of THE TRAINED NURSE it is stated that Mrs. L. M. Porter was buried at Arlington, and that she was president of the "Army Nurses' Association."

Some friends of Mrs. Porter attempted to bury her there, but were not allowed. She now rests in Oal: Hill Cemetery.



The success of a nurse not infrequently depends upon her ability to properly nourish the patient.

Oftentimes the problem is a knotty one, as due consideration must always be given to the individual whims, digestive capacity and physical needs of the sick and convalescent.

The variability of these conditions is a source of constant annoyance to every nurse but if she be familiar with the advantages of Benger's Food and consequently employs it in practice, her anxieties are reduced to a minimum.

Other foods do not offer the same degree of palatability, nutritive power, digestibility and ready adaptation to every

physical condition of the digestive organs. Benger's Food is enjoyed when all other foods

are distasteful and can be retained and assimilated when all other nourishment fails.

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is universally recommended by physicians and surgeons because they recognize its perfect purity and unsurpassed medicinal properties. It is soothing, healing, antiseptic. and alds in restoring normal conditions.

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409K: Black, White, Tan, Silk Lisle, soft, glossy, flexible -all the properties of silk without the cost—50c. per pair.

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Vests, Drawers, Pants, Tights, Size 3-6, 50c. 40-44, 75c.

Union Suits 40-44, \$1.55. Size 3-6, \$1.00.

Ask your dealer, or send for Catalogue. Dept. O.

BROADWAY, NEW YORK

The National Nurses' Association of Pennsylvania, after getting the number of the nurses' lot, through Mrs. Porter, got Senator Boise Penrose to place a bill before the Senate asking for \$5,000 for a monument to be chosen and controlled by them, ignoring my mother and the A. N. A., to which my mother belonged. Senator Penrose afterward withdrew the bill and apologized to the A. N. A. Very truly yours,

SARA M. VER PLANCK.



#### Which Side?

To the Editor of The Trained Nurse:

Will you tell me through THE TRAINED NURSE on which side a patient should turn when having an enema—the left or the right side? I was always taught that the left side was the proper position, but recently I met a doctor who declared the right was the one.

Pupils are usually taught that the left side is the proper position. However, Hadley in his book, "Nursing, Medical, General and Surgical," teaches the dorsal position. In "Practical Nursing" (Maxwell and Pope) dorsal position is given for small enemata, and the left side for purgative enemata, when it is possible to turn the patient, in "Primary Nursing Tecnique" (McIsaac) the left side is taught. We do not find the right side mentioned in the text books.—[Ed.



#### Some Opinions.

To the Editor of The Trained Nurse:

I noted your call for your subscribers' opinions on the subject of cutting down the number of pages of the Nursing World Department, so this is what I have to say on the subject. I have no doubt it is true that there are some nurses who do not care for hospital or nursing news of other States, while on the other hand the average nurse wants to know something of what is taking place among hospitals and nurses of her own State and the development and progress of new institutions, the numbers entering the field, the opening of new fields of work, etc., and in no other way can she become so well posted as through the Nursing World Department items from her own and other States. One frequently finds items concerning friends who have been unheard of for some time. Not long since I read an item in that department concerning a much esteemed friend whom I had not heard of for several years. I for one am in favor of the Nursing World Department remaining as it is, as well as every other department, until the magazine can be enlarged, which I hope it will be. So, with every good wish for its success and growth and thanks to its able editor for making it what it already is, most sincerely yours,

Rose R. Grosvenor.



To the Editor of The Trained Nurse:

In answer to your request for opinions as to whether too much space is given to Nursing World, I would say that while it is true a nurse in one State is not interested to learn of the graduating exercises of some hospital a thousand miles away, all graduates of that hospital, no matter in what State they may be, are interested. They feel less homesick and feel a new wave of interest in their school. Each item must interest at least a score of women, and that in my opinion is worth while. Sincerely yours,

MARY ALLEN.



#### The Question of the Nurse's Fee.

To the Editor of The Trained Nurse:

Can any one explain in what way the doctor is concerned in the nurse's salary any more than the nurse is concerned in the doctor's salary? The physician charges so much each visit, or at the termination of the case sends in his bill, and will make his bill according to the financial standing of the family. While the nurse works according to the doctor's directions, she is not working for him, nor is she paid by him, and the nurse has as good a right to do as she pleases in regard to her charges as has the doctor. Her time and experience are worth as much to her as the doctor's are to him.

We admit the Waltham News letter's statement to this extent, that when the nurse is working she receives more per week than the school teacher, but does the Waltham News state the fact that the school teacher is shut in a room with a child with diphtheria, or perhaps two children sometimes? Does the school teacher give twenty-four hours at a time? Does the Waltham News state the fact that the school teacher is paid from the first week of September to the last



If Suki-San is to have an "honorable bath"





week of June, beginning duty at o A. M., quitting from 3 to 3:30, and if it rains or storms before 12 no school the remainder of the day? Also has Saturday and Sunday of each week free, and holidays. The school teacher is not docked for loss of time, and the school teacher is not called out at all hours of the night to stand on street corners in blinding storms of rain or snow to await a car, and finally upon arriving at her destination be told that the family has decided to take care of the patient themselves, as a friend is coming to visit them who knows all about sick people. Then to return to her room to be met with the following plain statement: "Dr. B. called up and wanted you to take a case, but as you had gone to another case, why of course he had to send some one else, so another nurse went." The nurse, to say nothing regarding her tedious wait for cars and the physical discomfort attending such an experience, is out her time and carfare and a case, as this particular case cited happened to be a sixteen weeks' case. Or some family for whom this nurse has proven satisfactory calls her up with the same result.

The hospital has no jurisdiction over the nurse after handing her her hard earned diploma. Let the nurse set her price according to the circumstances of the family and her own ability, as does the doctor.

GRADUATE NURSE.

#### New England Association for the Education of Nurses.

The next semi-annual meeting will be held at Huntington Hall, Rogers Building, Institute of Technology, Boston, on Friday, May 15, 1908.

#### PROGRAMME.

Afternoon Session, 4. p. m.

"The Newer Opportunities Open to Women with a Nurse's Training." Opening address by Jeffrey R. Brackett, Ph. D., Director of School for Social Workers.

"Nurses in the Public Schools." Dr. Thomas F. Harrington, Director of School of Hygiene, and Dr. Margaret E. Carley, Supervisor of School Nurses.

"Nursing of Convalescent Patients." Miss Annette Fiske.

"Nurses in Social Service Work." MISS IDA M. CANNON, of the Social Service Department, Massachusetts General Hospital. General Discussion.

#### Evening Session, 8 p. m.

"Training Nurses for Institutional Work."
Paper by Miss Charlotte A. Airens, Detroit, Michigan, Associate Editor of the National Hospital Record, late director of Sibley Memorial Hospital, Washington, D. C.: late Superintendent of Iowa Methoust Hospital, Des Moines, and of Columbia Hospital, Pittsburg.

Discussion by Dr. G. H. M. Bowe, sup't of
Boston City Hospital; Dr. H. B. Howard,
sup't. of Mass. General General Hospital;
Dr. W. O. Mann, sup't. of Mass.
Homoeopathic Hospital; Dr. George F.
Tuttle, sup't. McLean Hospital; Miss
Mary Riddle, sup't of Newton Hospital;
Miss Susan Tracy, sup't of Nurses,
Adams Nervine.

General Discussion.



#### Personal.

Miss Minnie G. Hill, graduate of class '05, of St. Luke's Hospital, Newburg, N. Y., who has been engaged in private duty there for the past two years, has accepted the position of assistant superintendent of the Aultman Hospital, Canton, Ohio.

Miss Edna Eastland, graduate of St. Luke's Hospital, Newburg, N. Y., who has been engaged in private duty there for some time, has accepted a position in Dr. Howard Kelly's hospital, Baltimore, Md.

Miss Margaret T. Burns has been appointed district nurse at Enfield, Mass. Miss Burns is a graduate of Rhode Island Hospital, class of 1905.

The engagement is announced of Dr. Harrison A. Chase and Miss Elizabeth Brownell, of New Bedford, Mass.

## Liquid Peplonoids

Is Superior

to Milk, in that it contains more solids, requires no digestive effort, is always uniform, leaves no residue, is ready for immediate absorption and assimilation, does not act as a culture medium for bacteria.

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it furnishes a serviceable amount of nutrient material, in palatable, aseptic, stable solution, free from beefy taste or odor, peptogenic, mildly stimulating, does not induce fermentation or flatulence.

In all Conditions

that require predigested, immediately available nourishment in small bulk, especially in La Grippe, Pneumonia, Continued Fevers, Sepsis, Adynamia, etc.

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## The Hospital Review

St. Christopher's Hospital for Babies, Brooklyn, N. Y.

St. Christopher's Hospital was opened as a day nursery by some members of St. Ann's Church, Brooklyn, several years ago, but did not meet with success. One day a woman brought a very sick baby, which, of course, could not be taken in. The poor mother went from one hospital to another before she could get her suffering little one cared for. When the managers of St. Christopher's heard of this they determined to turn the nursery into a babies' hospital, which has been an undoubted success, besides a blessing and comfort to many a tiny suffering baby. Started in one house with nineteen little beds and cots. the calls for admission were so many that the work was extended and now there are two houses, with ten wards and accommodation for forty-one babies, besides a fine roof garden, where the little ones can be out of doors most of the Summer. Last year 230 wee ones were taken in and cared for, while 196 had to be refused for lack of room.

Seventeen girls are in training for nursery maids. They have a six months' course, and during that period learn to take thorough care of a sick baby, being moved to the different wards, so as to see most of the cases that come in. They also spend some time in the modifying room learning to prepare the various kinds of milk food ordered by the doctors. The hospital is up to date in everything, and all that science, love and tender care can do is done for the helpless little mortals taken Babies are received from a few hours' old to two years, but not over two, and suffering from all diseases but contagious. The following list will show some of the cases treated during the past year: Acute intestinal infection, anthrepsia, otitis, rachitis, cervical adenitis, conjunctivitis, marasmus, bronchitis, broncho-pneumonia, burns, first and second degree; empyema, gastro-enteritis, hernia, pericarditis, pneumonia.

The patience and endurance of the little

ones is wonderful. One dear little boy, a consumptive child, was in a private ward having fresh air treatment, the temperature kept at 60 degrees all the time. He gained in weight every week and was always bright and cheerful, glad to see any one who would play with him for a while, yet never fretted at being left alone. Dear little Billy boy! His contented disposition surely helped his recovery, as he was sent home cured. I think he found in the hospital more happiness than he had ever known before.

One poor little chap had his leg pulled out of joint at birth. After he was brought in the leg was put in plaster of paris for several weeks, which must have caused him great pain, but he was so brave and patient; only when the doctor entered the ward baby would pucker up his little face and suck his thumbs to keep from crying, showing that he remembered who had been the cause of his pain. And what shall I say of poor little, Georgie, consumptive and with kyphosis, dorsal spine, who had to lie on a board most of the time—a nervous, sensitive child, who did not make friends easily, and yet took notice of most that went on in the ward? He was learning to talk and called the superintendent "moder" and would watch for her visits several times a day. Dear little boy! Life would have been too hard for him in this world, so one night the angels took him to join their heavenly band.

Truly, children are an endless study, and it is hard for them to suffer, often through the sins of the parents. It is sad to see some of the babies after they come in; how they will shrink away when any one goes near them, as if they feared a blow, and often it is days before they will smile.

Some babies return to the hospital several times, and others are often kept longer than a year, and become very much attached to their nurses and to the superintendent, who is like a mother to them all. When the nursery maids leave and go to the homes of the wealthy, as most of them do, they must surely carry with

## Nervous Children

The rapid development of the cerebro-spinal system in children demands that only proper food shall be taken if a firm nervous system is to be developed.

Anything which tends to interfere with or prevent the nutrition of the nervous system in the growing child should be positively excluded from the dietary.

It is well known that coffee does have a disturbing action on the nervous system, particularly of the young. Yet many mothers continue to give their children the regular cup of coffee for breakfast—and often for lunch and dinners.

Many, however, have found a wholesome beverage made of whole wheat, including the bran-coat. This beverage is known pretty much all over the country as postum. It contains no coffee or other harmful substance, but does contain the phosphates from the bran, which are highly important in the elaboration of nervous tissue.

A trial of postum with good cream will soon prove its wholesomeness, and the children soon learn to like it. In a short time after beginning postum a decided improvement may be seen—especially in the shy, nervous little people who formerly drank coffee.

The doctor, better than any one else, knows why coffee is harmful. He can fully appreciate why postum is beneficial. A hot beverage is often desirable. Doctor, let us suggest that you order postum for those "nervous children" who can't stand caffeine—but who need the phosphates in wheat.

If you have not yet received your copy of the new "Clinical Record"—morocco bound, with your name in gold letters, send in your name and address. Also ask for a prepaid box of samples of postum and grape-nuts, for further experiment:

POSTUM CEREAL COMPANY, LIMITED
Battle Creek, Michigan

them many a lesson of love and patience learned at the bedside of the poor little sufferers in St. Christopher's Babies' Hospital.

One of the managers went to Italy last year and brought back with her one of the "Innocenti" medallions like those over the old Foundling Hospital in Florence, which she gave to St. Christopher's, and it is now placed outside, fitting emblem for an institution of love and pity for the helpless little sick babies of Brooklyn.

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#### Good Samaritan Hospital.

Good Samaritan Hospital, of Vincennes, Ind., a Knox County institution, and one of the best and most modern in Indiana, has been completed and opened for the admission of patients, with Miss Edith G. Willis, a graduate nurse of Chicago, installed as superintendent.

The hospital is built of pressed buff brick and stone, with colonial front, and occupies the centre of a city block in one of the prettiest sections of Vincennes. The location was bought for \$6,000 by the city of Vincennes from the heirs of Francois Poullet, a French pioneer, whose quaint old French two-story frame and clay home was razed to make way for the modern structure. The site was donated by the city to Knox County, which then appropriated \$30,000 for the building. The site, building and equipments represent an outlay of nearly \$50,000.



#### Plattsburg Hospital.

Loyal L. Smith, of New York and Plattsburg, who died recently at Atlantic City, bequeathed to the Champlain Valley Hospital \$25,000 to complete the building and \$200,000 as an endowment. The only proviso in this bequest is that there shall be at least five free beds maintained in the institution.

The question has been raised whether the bequests for the city hospital and the other public institutions in Plattsburg will be available before the five years allowed the executors in the will. This point is cleared up in the will, which says:

"No legacy under this will shall be required to be paid by my executors until said period of five years shall have expired, but they may pay any legacy or legacies at any time in their discretion and in any order which they may deem proper."

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#### St. Joseph's, Nashua, N. H.

The largest institution of its kind in the State, and probably in New England outside of Boston, is the St. Joseph's Hospital, which is nearly completed and ready for dedication. It contains 136 rooms and is admirably equipped with private and public wards, apartments for the sisters who will have charge of the institution, the nurses, students and assistants, as well as for the house physician and chaplain. In the west wing there is a chapel equipped with a costly altar.

The operating room, upon the second floor, represents in appointments the best known to medical science at the present time. The institution has its own morgue and ambulance.

In the basement are the heating plant and laundry, models of efficiency. On this floor are the kitchen and refectories. On the ground floor are the chaplain's suite, the receiving room, women's wards and a series of private rooms.

The south end of the east wing of the second floor is devoted to the suite of operating rooms, which, beside the main chamber, include etherizing and sterilizing rooms for patients and dressing and toilet rooms for physicians and nurses. Here are the men's and children's wards. The third floor is devoted to dormitories and community rooms for the sisters, nurses and students.

The institution is made possible through the efforts of Rev. J. B. H. V. Milette, permanent rector of St. Aloysius's parish, the oldest clergyman in Nashua. Its estimated cost is \$250,000.

#### Mrs. Yerkes' Hospital.

Mrs. Mary Adelaide Yerkes, widow of Charles T. Yerkes, the Chicago financier, has announced that it is her intention to devote a part of her \$10,000,000 estate to the erection of a magnificent hospital in Chicago.

It is Mrs. Yerkes's desire to design the hospital herself. The incomplete plans provide for the erection of at least one of the group of buildings during her lifetime. The erection of the rest of the group and the necessary endowment for the entire institution will be provided for in her will.

#### WHICH?

which of the numerous preparations of iron and manganese has attained the greatest reputation and prestige among the medical men of America?

which has become the accepted world-wide standard as a readily tolerable and thoroughly efficient hematinic?

Which enjoys "the homage that inferiority pays to merit"
—i. e.: universal imitation?

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is of unquestioned and unquestionable value as a hemogenic and reconstituent in Anemia, Chlorosis, Bright's Disease, Marasmic states and General Denutrition.

In original bottles only.

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Samples and literature
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## For the Peevish Baby

try prescribing Lactated Infant Food. No other food even approximates its efficiency in building up the weakly, ill-tempered baby's health. Improvement will be immediate, and gradually the cause of the infant's ill-nature will be permanently eliminated.

### **Lactated Infant Food**

had actually saved the lives of hundreds of babies who were wasting away with mal-nutrition. A glance at the analysis will show how closely it resembles mother's milk. Thousands of physicians prescribe it, and use it in their own homes.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses. WELLS & RICHARDSON CO. BURLINGTON, VT.

## Book Reviews

Medical Gynecology, by Howard A. Kelly, A.B., M.D., LL.D., F.R.C.S. (Hon. Edinb.), Professor of Gynecological Surgery in the Johns Hopkins University and Gynecologist to the Johns Hopkins Hospital, Baltimore. With one hundred and sixty-three illustrations, for the most part by Max Broedel and A. Horn. Cloth, price \$6.00.

This volume is similar in style and binding to the two volumes upon "Operative Gynecology," by the same author, and, together with the "Operative Gynecology," gives the general practitioner a full and exhaustive treatise upon Gynecology from all viewpoints. As this is an entirely new work, almost all of the illustrations are new and original, made by Mr. Broedel and Mr. Horn, undoubtedly the best medical artists in this country. The majority of the illustrations in this work are from pen and ink drawings.

Space does not permit us to give this thorough and excellent work the full and complete review it deserves, but Dr. Kelly is so well known, both to the medical and nursing professions, that in a nursing magazine this is unnecessary. We will content ourselves by saying that this work, published this year, is the latest word on Gynecology.

. The book contains 662 pages of excellent print and superb illustrations, many of which are entirely out of the usual run of gynecological illustrations, which frequently seem as if they had been merely copied from one generation to another of medical works withcut variation.

A Text-Book of Minor Surgery, by Edward Milton Foote, A.M., M.D. Instructor in Surgery, College of Physicians and Surgeons (Columbia University); Lecturer on Surgery, New York Polyclinic Medical School; Visiting Surgeon, New York City Hospital; Visiting Surgeon, St. Joseph's Hospital; Consulting Surgeon, Randall's Island Hospitals and Schools. Illustrated by four hundred and seven engravings from original drawings and photographs. Cloth, price \$5.00.

This excellent work of 750 pages is the most complete work on minor surgery we have ever seen. In fact, we have found in it certain operations which we had looked for in vain in some six other works. It is beautifully illustrated and excellently printed in clear, readable type.

In the preface Dr. Foote says that he has striven to present in compact form the results of his experience and the best that has been written in books, magazines and journals, taking with a free hand from every available source.

The aim has been to illustrate by photographs as far as possible. Too often medical illustrations show what might be, rather than what is.

Lectures on Medicine to Nurses, by Hervert E. Cuff, M.D., F.R.C.S., late Medical Superintendent North Eastern Fever Hospital, Tottenham, London. Fifth edition. Price \$1.25. For sale by Lakeside Publishing Company.

As all the four previous editions of this work have been reviewed in The Trained Nurse, it is hardly necessary to give a distinctive review to the fifth edition. It should suffice to state that we know of no other book published for nurses occupying quite the field this work has successfully held since the appearance of its first edition. It might be well to rename the order and scope of its contents, so we will give a list of its chapters again:

Germs and Infection, The Use of Stimulants, The Feeding of Infants, The Forced Feeding of Sick Children, The Pulse, Inflammation, Acute Pneumonia, Inflammation of the Kidneys, Enteric Fever, Scarlet Fever, Diphtheria, Measles, Whooping Cough, Broncho Pneumonia, Paralysis, Hysteria, Internal Hemorrhage, Dropsy, Diseases of Children, Massage, Precautions to be Observed by Nurses When Engaged in Nursing Cases of Infectious Disease.

(Continued under Publisher's Desk.)

## Antithermoline

A Superior Surgical Dressing

Made from the best quality of imported Welsh Kaolin



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

FREE to Nurses—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

G. W. CARNRICK CO. 42 Sullivan Street :: New York City

#### In the Aursing World—Continued

#### Army Nurse Corps Notes.

Since the last notes the discharges have been: Grace Helen Nutter, Mary Fears Gilmer and Eleanor Underwood, formerly on duty at the Presidio of San Francisco; Minerva A. Sanders, from Division Hospital, Manila; Hansine K. Solbeck, from Fort William McKinley, Rizal, P. I., and Ethel Irene Smith, from Presidio of San Francisco.

The appointments to fill the vacancies thus caused have been: Maude B. Kee, graduate of the City Hospital Training School, of Cincinnati, Ohio, class of 1907; Jenny E. Owen, graduate of Conemaugh Valley Memorial Hospital, Pennsylvania, 1907, and Mrs. Kathleen V. Roney, graduate of the City and County Hospital, San Francisco, 1903. These nurses have all been assigned to duty at the General Hospital, Presidio of San Francisco.

After long waiting Chief Nurse Agnes Young has realized her desire for a trip home via the Suez Canal. Sailed from Manila on the transport McClellan February 20, and is expected in New York early in Easter week. Appointed to fill Miss Young's place at the Division Hospital in Manila, Chief Nurse Julia Woods finds herself, after five years' absence, presiding at her old desk and looking after the nurses employed in that hospital. During her former service in the hospital she seemed particularly happy in her methods and succeeded in giving much satisfaction to both nurses and medical officers. We certainly wish her a continuance of the same as she takes up her old work.

Nurses Mary H. Hallock and Mary Agnes Sweeney, recently arrived in the Philippines, have been assigned to duty at the Division Hospital.

Nurses Lyda M. Keener and Rosanna M. King have accepted reappointment for another term of three years, and will sail for duty in the Philippines on the transport leaving San Francisco May 5. Other transfers reported are: Maria A. Riordan, from Division Hospital to Fort William McKinley; Nurse Mary

E. Nagle, from the Division Hospital to San Francisco; Nurses Mary D. Macdonald and Florance A. Niles, from San Francisco to Fort Bayard, for duty, and Amalie Ida Haentsche, from Fort Bayard to San Francisco. Nurse Mary E. Sheehan arrived in San Francisco from Manila April 2, having made the trip across the Pacific on a commercial liner. Upon her arrival she requested discharge from the Nurse Corps, and orders authorizing it have been issued.

#### The Navy Nurse Bill.

The Committee on Naval Affairs to whom was referred the bill (H. R. 15,438) for the establishment and organization of a corps of trained nurses for the United States Navy, has considered the same and reported it favorably with the amendment of Section 1.

#### Camp Roosevelt.

The next meeting of Camp Roosevelt will be held on Wednesday afternoon, May 6, at 596 Lexington avenue, New York, from 2 to 5. Entrance on Fifty-second street.

ALICE P. LYON, Secretary.

#### New Jersey State Nurses' Association.

An extra meeting of the New Jersey State Nurses' Association was held on the afternoon of Tuesday, April 7, at Paterson, N. J. In the absence of the president, the chair was occupied by Miss Francis Dennis, first vice-president. Owing to the extremely small number of members present very little business could be accomplished.

#### Guild of St. Barnabas.

The Orange Branch Guild of St. Barnabas is planning to hold an apron sale and supper shortly after Easter in Grace Church Parish House, the proceeds to be divided between the Sick Relief Fund of the Orange branch and the Orange Fresh Air Work.

## The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from pirth onward, according to the development of the digestive organs.

#### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

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#### Notice.

Have you seen the new Ice Bag Helmet, opposite title page?

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One cup Horlick's Malted Milk in solution, stick cinnamon, sugar, one-half teaspoon brandy. Boil Malted Milk with sufficient cinnamon to flavor pleasantly, and sweeten. This may be taken cold, and brandy added if desired.

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We are glad to know that the Trained Nurses' Suit Company is a success. It is certainly a great boon to nurses to be able to send for uniforms and get them just as though measured.

#### Capillary Bronchitis.

R. L. aged six. Capillary bronchitis with pains over chest, cough and difficult expectoration. Glyco-Heroin (Smith) administered 15 drops every three hours. After taking a few doses the condition was much improved, and a speedy return to perfect health followed.—Arthur B. Smith, M. D., Springfield, Ohio.

#### The Human Machine.

We again call attention to "The Human Machine." It is having a deservedly large sale. A nurse is likely to become much more efficient for having this book, and its price is so reasonable every one can afford to own it.

#### Flake Food in Cases of Indigestion.

In many cases of indigestion and mild stomach disorders Kellogg's Toasted Corn Flakes have proven of considerable benefit to the patient, furnishing as they do wholesome, easily digested food, giving the stomach almost a complete rest and at the same time keeping up the patient's strength. The medical profession fully realize the value of proper foods, and Kellogg's Toasted Corn Flakes should receive the serious consideration of every nurse who is interested in the welfare of her patients.

We understand the Toasted Corn Flakes Co., Battle Creek, Michigan, would be glad to send a full-sized sample package free upon receipt of a request from any interested nurse or physician.

#### A Nurse's Necessity!

Dr. Minder's Manikin is a reproduction in book form of the complete anatomy of the human body in all its details, showing in their natural colors and exact positions every section and organ. See advertisement in this issue. Send for free illustrated booklet to the American Thermo-Ware Co., 16 Warren street, New York City.

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The first case was a severe burn of the hand, extremely painful, yet immediately after applying Unguentine as directed the patient remarked that all pain had ceased. The second case, being of a milder term, required only three dressings for a complete cure. I have frequently used it since in scalds and burns, and think it is the remedy par excellence. I shall always keep it and use it.

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#### Order by Mail.

The Hegeman & Co. drug stores in New York City make a specialty of mail order business, and nurses living at a distance can deal with them with the same degree of satisfaction that they would derive from a personal visit.

Hegeman & Co., situated at 200 Broadway, 120th street and 7th avenue, and numerous branches in New York and Brooklyn, is one of the oldest and most reliable drug houses in the United States. They guarantee absolute satisfaction with every purchase.

## The Dangers of Cow's Milk

HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

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does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition. as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlés Food, we will be glad to send to any physician.

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LILLIE H. MARSHALL (Pennsylvania Orthopædic Edith W. Knight Institute).

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I am perfectly willing that you should refer to me in a circular to the profession as an advocate of the Nauheim Baths as an adjuvant in the treatment of uncompensated vulvular lesions and of neuroses of the heart. You may also refer to the fact that I employ them both at Mt. Sinai Hospital and in my private practice. Very truly yours.

(Signed) ALFRED MEYER, M. D. Attending Phys. Mt. Sinai Hospital.

#### A Good Remedy in Many Conditions.

Thos. G. Rainey, M. D., L. R. C. P., Resident Physician, British Medical Institute, Atlanta, Ga., in a recent article states that the combination of drugs, antikamnia and codeine in the form of 'antikamnia and codeine tablets," which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnœa and spasm, namely—bronchitis, laryngitis, phthisis, whooping cough, hay fever and grippal affections.

#### Tyree's Antiseptic Powder.

Tyree's Antiseptic Powder is vastly more potent as an antiseptic and germicide than mercurial preparations, and it is entirely free from the toxic properties of such agents. On account of the absence of danger attending its employment, it is admirably suited for general application.

The inflammation-allaying properties of the preparation render it of almost inestimable service in the treatment of inflammatory affections of the male or female genito-urinary tract. Send for free sample to J. S. Tyree, Washington, D. C.

#### Blood Degeneracy.

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The popularity of Horsford's Acid Phosphate has brought many imitations to light, and it has come to our knowledge that certain druggists substitute various acids for Horsford's Acid Phosphate, especially when "Acid Phosphate" is called for without the

Please be particular to call for Horsford's Acid Phosphate, and accept no imitation or substitute.

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#### Anasarcin.

Edwin R., aged eighteen years. History of scarlet fever when seven years of age. Aortic regurgitation during attack of scarlet fever with general anasarca, which only partially disappeared after months of confinement with the usual remedies. Was placed upon anasarcin six weeks ago; one tablet every three hours until active elimination was secured both by kidney and bowels; then a tablet three times a day. At this time, August 2, 1907, there is no evidence of any dropsy, and to all appearances he seems to be regaining his strength rapidly.—Thomas Hunt Stuchy, M. D., Louisville, Ky.

#### Chronic Catarrhal Deafness.

Those cases of deafness which give evidence of congestion and inflammation of the drum membrane externally as the source of the trouble always react well to the hot irrigation treatment. When the membrane exhibits patches of sclerosis in considerable amount, the treatment is more tedious. A solution of Glyco-Thymoline in 10 per cent strength used at 100 degrees will encourage active depletion of the congested area, restoring circulation of the minute terminal blood vessels and lymphatics. Action is evidenced in the increased secretion of cerumen. Tension is relieved and frequently the hearing is immediately improved.



#### Chris. Hansen's Junket Tablets.

Physicians and nurses all know the value of Junket for the sick and convalescent and as a nutritious and healthful food for children. While we do not pretend to pose as an authority on the preparation of food in general, we do understand the nutritive properties of Junket, how best to prepare it, the nature of the "Rennet Ferment," its action upon milk, etc., and we feel that our long study and many experiments with the "Rennet Ferment," covering nearly half a century, should enable us to impart some information that will be welcome to the medical profession as well as to nurses and to those having charge of hospitals and sanitariums. Send for free booklet.

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#### + The Role of Phosphorus.

Dr. Alfred Gordon, Associate in Nervous and Mental Diseases, Jefferson Medical College, Philadelphia, writes on the role of organic phosphorus in the asthenia of nervous affections. Phosphorus exists in the brain and nerves in glycerophosphoric combination, and is decomposed into inorganic compounds under mental activity, sexual excitement, etc. Exhaustive disorders of the nervous system should be treated with organic forms of phosphorus, to restore the phosphatic loss, as inorganic forms of phosphorus are not absorbed.

Schering's Tonols, glycerophosphoric combinations in tablet form are the best means for its administration.

#### Spring and Summer Courses.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, begs to announce the opening of the Spring class in the Swedish system of massage, medical and corrective gymnastics, electro- and hydro-therapy, on May 14, and the Summer class on July 8, 1908.

The system taught is the original Swedish (Ling) system, as taught in the Royal Gymnastic Central Institute of Stockholm, Sweden, with American adaptations. The students receive daily practical lessons and theoretical lectures on the different branches taught, as well as in anatomy, physiology and pathology,

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The tuition fee will remain the same for the Spring and Summer terms, but on account of the considerable broadening of the courses the rates will be increased after October 1, 1908.

Particulars and application blank by addressing Max J. Walter, Superintendent.

#### Actually See It Heal.

I have practiced dentistry in this city nearly thirty-three years and have never yet found a local application equal to Resinol. I find its work very remarkable, especially for the quick healing of cold sores on the lips and some forms of conditions of systemic sore or inflamed gums. It heals sore places about the mouth almost like magic—actually can see it heal. This statement sounds like drawing the 'long bow' with a vim, but it is the truth, as I have watched its action frequently.

DR. B. P. McDonald, Goshen, Ind.

#### A Godsend to Invalids.

"A Godsend to Invalids" is the name aptly applied to the Gorham Invalid Bed, which enables the bed-ridden patient to keep his bed constantly, yet without bed sore or bed tire, and enables an immediate change at any time from the lying to the sitting or standing position.

The patient may sit up at a table for eating, writing or reading—may be lifted and easily swung on the lift hammock for rest and change, and so permit the airing of mattress and changing of bed linen—may recline at any angle on an inclined couch, and may sit erect in the normal position for all evacuations, or be placed sitting before a window for diversion.

The Gorham Invalid Bed is invaluable in typhoid fever, lying-in and laparotomy cases, acute rheumatism, paralysis, heart disease, asthma, pneumonia, and, in fact, all conditions in which it is desirable to have the patient assume sitting or partly standing positions while preserving an unbroken bed line.

A comprehensive illustrated booklet describing this hospital and home comfort will gladly be sent on request by the makers, the Bernstein Manufacturing Company, 3d street and Allegheny avenue, Philadelphia.

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#### Weightoff.

This is an admirable invention for the sick room, and will be found of great advantage in private homes and hospitals by nurses, physicians and others. In many instances, where the weight of clothes is the source of discomfort or pain to the ailing, it will offer an immediate alleviation. It consists of an upright cross rod which is fastened to the side of the bed and can be raised or lowered by turning a crank.

Is is made of the best material, nickelplated.

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The Red Cross Shoe removes the cause of foot suffering.

Its sole is of regular thickness—protects the foot—yet bends with it freely, instantly.

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#### An Order From Bellevue.

On a recent bid from the Bellevue and Allied Hospitals (New York) one item read "216 'Perfection' Bed and Douche Pans."

This would seem to justify the maker's claim that the "Perfection" is the best pan in the world, and the most popular because it is the best.

Neither have the American hospitals been slow to recognize that this is the most sanitary, the most comfortable, the most easily emptied bed pan made, as shown by the Bellevue bid, and by the fact that the "Perfection" has been adopted by the United States army and navy hospitals and by almost every prominent hospital in the United States.

Physicians have endorsed the "Perfection" because they know that it is the only combined bed and douche pan which is both sanitary and anatomically correct in shape.

Nurses recommend the "Perfection" because it saves them time and disagreeable work, as it can be emptied in an instant from the wide open space at one end.

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Whichever way you look at it, this is the pan you should adopt in your hospital. Your own convenience and your patient's comfort both demand it.



#### Mystic Cream in X-Ray Burns.

Dr. J. T. Morehouse, of West Orange, N. J., who probably uses the X-Ray as much or more than any one in the State of New Jersey, writes as follows:

Messrs. Ogden & Shimer,

Middletown, N. Y.

Gentlemen—Enclosed please find some postage stamps. Please mail me a jar of your Mystic Cream. The sample jar you sent Mrs. M. some time ago I have been using for X-Ray burns, and I find it the best preparation I have so far found for the purpose.

Respectfully yours,

J. T. Morehouse, M. D.

An inquiry to Dr. Morehouse asking if we could publish his letter brought the following reply:

Gentlemen—The jar of Mystic Cream arrived all right, and I am beginning to use it again. You are perfectly welcome to use my testimonial in The Trained Nurse or any other publication. X-Ray burns are exceedingly hard to heal, or even to get temporary relief, but your Mystic Cream has given me more comfort than any other preparation, and my hand is in better condition than it has been for months. Of course you understand every doctor would have an X-Ray if it was not for the burns he gets from its constant use. Yours truly,

J. T. Morehouse, M. D., Ph. G.

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commended by the medical profession as the standard soap for the hygienic care of the hair and skin.

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When you write Advertisers, please mention THE TRAINED NURSE.

#### "SIMPLEX" FEEDING CUP PORCELAIN,



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An ideal shape for the head and the only one that fits snugly. Holds an ample quantity of ice which can be centered over any part of the head. Can be flattened out for general use. MAROON

RUBBER.

# The Trained Aurse and Hospital Review

VOL. XL.

NEW YORK, JUNE, 1908.

No. 6

## The Question of Affiliation of Training Schools from the Small Hospital Standpoint

AN OBSERVER

FOR years we have been told by leading nurses and writers on nursing matters, that affiliation with some large hospital, or perhaps several small or special hospitals, was the only way by which small hospital schools could hope to justify their existence and send out nurses officially trained. Though for several years my lot has been cast in a larger hospital, one with over a hundred beds, giving a three year term of training, I nevertheless try to see as many different sides of questions as possible. I am sincerely desirous for justice to be meted out to small hospitals and their graduates, as well as large. In my early days as a graduate nurse I lived through many of the difficulties of the small hospital, helped it to grow, and know something of the advantages and disadvantages of those hospitals which are greatly in the majority in this country. I would therefore like permission to state some things which it seems to me need to be considered, before we settle down on affiliation as the one and only thing that will justify a small hospital in conducting a training school.

The examinations which have been held by the appointed examiners in New York State have, it seems to me, conclusively proven that, through all the theoretical and practical tests which have been made, the smaller schools have held their own. Their graduates have not proven to be the inferior grade of nurse we have been told the small school was guilty of turning out. I believe that this record will be sustained in other From this showing, from the testimony of my own experience, and the experience of a host of physicians and nurses who know whereof they speak, I am not prepared to admit that, from the standpoint of nursing efficiency, affiliation is necessary in the great majority of small hospitals.

I am strongly in favor of some form of legislation for nurses, the right kind of legislation, but it has always seemed to me that it would be exactly as logical to try to secure legislation that would require Bellevue Hospital, or Cook County, or any other hospital devoted to the care of free ward patients to send their nurses who expected to enter the

private nursing field after graduation, to some small, special or private hospital or sanitarium where they would get experience with private patients—it would be just as logical to do this as to secure legislation compelling a nurse who had been trained in the small hospital with both free and paying patients and doing general work, to go somewhere else, to a large hospital like Bellevue for instance, before she could be considered an efficient private nurse.

Probably ninety per cent of all graduate nurses enter the private nursing field, and for private nursing we claim that the small hospital of thirty to fifty beds, doing a large proportion of pay work, is in a better position to give a practical common sense training to the average aspirant for private nursing than the large charity hospital of several hundred beds. Nurses are repeatedly told that they must "nurse the patient, not the disease." In the large charity hospital the nurse certainly learns to nurse the disease. She learns to get through a lot of work with the lowest class of patients. but I cannot feel she is well equipped at graduation for nursing patients who are able to pay twenty-five dollars per week, or to anticipate the needs of the refined individual. She has vet much to learn about patients of the better class and their needs, even though she knows all about their diseases. The conditions complained of in Miss Addams's paper published a few months ago are typical of the large charity hospital, but they do not apply to the smaller private hospitals. In the smaller hospitals each patient is an individual.

It is easy to say off hand that every small hospital should affiliate with some other institution to complete its training. It is a different matter entirely to get

right down and do it, or to say exactly how it is to be accomplished. In order to affiliate vou must have somebody or something who is willing to affiliate with vou: as a rulé there must be advantages on both sides. In a large city a hospital, for instance, devoted to women's diseases or the care of children, can doubtless, without great difficulty, make arrangements with a neighboring institution to exchange nurses. Proximity simplifies the question, and in such cases affiliation is certainly a good thing. But it is a different matter entirely to apply the same rule to all the small hospitals of a state or country. Consider one State. With a few exceptions all the hospitals of West Virginia are small, and practically all do general hospital work, excluding infectious and insane patients. What is true of West Virginia is true also of Indiana, Iowa, Nebraska, and many other states. There is little in the way of experience that a nurse would get in one that she would not be likely to get in all of them. Suppose all of these smaller hospitals were to try to affiliate with some supposedly superior institution to broaden their training. where would they be likely to succeed? The State Hospitals for the Insane might be willing to affiliate with some of them, but the State hospitals could not take all the senior pupils from all the hospitals of a State within a given time. Anyway, the nurses themselves in the smaller hospitals might object to being sent to nurse the insane, and a nurse cannot be compelled to nurse the insane or anybody else. Furthermore, if nurse candidates knew that they would be compelled to spend a term in a hospital for the insane because the small hospitals could not train them fully, many of them would absolutely decline to enter

the smaller hospital school. After they had a couple of years experience, they might look at things differently, but the objections of friends and the timidity of the inexperienced would effectually combine to prevent many a girl from beginning her probation in the smaller hospital. Of children's hospitals there are none in many States, and but one or two in others. Of obstetrical hospitals, or hospitals for infectious diseases, few States comparatively are supplied, outside the large cities, so affiliation with that class of hospitals is out of the question for the vast majority of small hospitals.

Suppose, then, that in attempting to carry out this affiliation theory, two or three of these small hospitals combined to make up enough beds to carry out the ideals and wishes of the advocates of affiliation as the "cure-all" for nursing inefficiency. What would it profit and what would be the result? Doubtless each school, small or large, has better ways of doing some things than some other schools, but in actual experience what would be gained by the exchange of pupils and what would be lost? Each of these small hospitals has its proportion of medical, surgical and obstetrical patients, as a rule. If it has not an obstetrical department it could have the obstetrical patients as an out-patient department, the nurses going out under the direction of the physicians to assist at labor and to care for a certain number of patients after childbirth. The smaller hospital has its accidents and emergencies of various kinds, which every nurse is expected to meet and deal with, at intervals, throughout her whole training. She does dressings under the direction of a physician, acts as assistant to the doctor, doing much of the work done by

internes in a large hospital. She would do this in any of the smaller hospitals, so what would she gain by being transferred from one to the other?

The "home" feeling, so characteristic of so many small hospitals, the feeling of ambition for the hospital of her choice and responsibility for its welfare, would be weakened, or lost, if the nurse knew she was to be there but a few months. Perhaps all of us have had some experience with probationers who had been pupils or probationers in some other school. So unpleasant has that experience been in many cases that a large number of schools positively refuse to admit a nurse who has been a probationer or pupil in another hospital. They want the raw material, free from bias or nursing habits, with nothing of nursing knowledge to be unlearned. Each school has its local conditions, traditions and rules. The nurse who passes from one hospital to the other is apt to be critical or disloyal to either the one or the other. "We never had to do this in the other hospital." "I think it is a perfect shame to have such an absurd rule. The other hospital didn't have it," etc. However conscientious and well trained a nurse may be, she is still human, and such remarks are bound to be made, and bound to make trouble. The inevitable result is that the harmony and discipline of both hospitals weakened. Discontent is engendered.

And what has the nurse gained? She has probably gained something in adaptability. But has she gained enough in enduring methods, in breadth and general efficiency, to pay her for spending a whole year extra out of the comparatively short period of a woman's wage earning years? I seriously question it. If a nurse cannot learn to do private

nursing after two years of training and experience with private and public patients, have we any reason to expect that she will in three, or twenty years?

If a nurse desires to become an institutional nurse as head of a department, training school or hospital, I would strongly recommend a postgraduate course in a larger, well-organized hospital, but as probably ninety per cent of nurses desire to do private nursing, why not give a certificate stating exactly the number of years spent in training, and the kind of patients the nurse has had experience with, and let the nurse enter the postgraduate school when she chooses; and where, to gain the additional experience she desires.

The small hospital has many advantages and some disadvantages in training nurses. One of its disadvantages is that patients cannot well be classified. The small hospital cannot divide up its patients and keep a nurse going through the routine prescribed in popular text books on nursing—so many months in the medical, so many in the surgical, gynecological, obstetrical and accident wards—but she is getting experience with these varied classes of patients

from the time she enters. In six or eight months she has had day and night duty, helped in the diet kitchen, been in the male and female wards and the private rooms, nursed medical, surgical and obstetrical patients. The one thing new that she has to look forward to in her second year is her operating room work. After that there is nothing left but to go over the same ground again that she went over in the first year. If the school succeeded in affiliating with another school of the same class, she would still be getting the same kind of experience she did in the first year.

A large hospital that is situated so that classification of patients is possible, can, if it tries, arrange to make the third year valuable to many nurses. It can hold back something for that last year, but I cannot feel that to compel, by law, a small hospital to arrange for a three years' course of training, or be refused recognition as a training school, is just either to the hospital or nurses. Affiliation cannot be forced. The impossible should not be expected, nor can I feel that in the interest of efficiency for the private nurse, affiliation of small hospitals in general is demanded.

### Nurses' Association, Birmingham, Ala.

The regular monthly meeting of the Graduate Nurses' Association was held May 13. There was a good attendance. A number of new nurses' names were presented for membership.

The following members of the association have married in the past few months. On February 12, Miss Katherine Cunningham, graduate of St. Christopher Hospital, Nor-

folk, Va., to Mr. Peyton Moore. Mr. and Mrs. Moore will live at Los Angeles, Cal. On April 22 Miss May Bradford, graduate of Hotel Dieu, New Orleans, to Dr. George Summers Brown. They have gone on an extended trip to Europe. On May 6, Miss Margaret A. Swan, graduate of Morgantown State Hospital, N. C., to Dr. Oscar C. McCarn, of Blassburg, Ala.

## Opsonins and Medical Advance

GERALD B. WEBB, M.D., COLORADO SPRINGS, COLO.

(Continued from May.)

A S I told you early in this address, diphtheria lets loose a toxin, which is its weapon of offence. Against this we have an anti-toxin, inoculation of which neutralizes the poison, but does not destroy the germ. The diphtheria bacilli themselves are opsonized and then removed by the white blood corpuscles.

Against all other germs, those causing boils, pneumonia, tuberculosis, typhoid, catarrh, gonorrhoea—in fact, the majority of disease-causing microbes we have practically and absolutely to depend on the opsonins in our blood juices.

You will grasp the fact that by such ability to measure these opsonins a diagnosis of many diseases can now be made, just as the clumping power of the blood aids the diagnosis of typhoid.

Blood tests along these lines have rapidly advanced, and, apart from diagnosis, they are useful as measures of immunity.

By their means it has already been shown that a breast-fed infant has much more resistance to microbic diseases than a bottle fed.

It will probably not be long before this fact is added to the twelve rules given on a leaflet to young mothers in Germany, in the first four of which, urging the mother to nurse her child, appears the statement, resulting from investigation, that women who had not nursed their children were more frequently affected with mammary cancer than those who had.

The value of the opsonic index will at once be understood in regard to cases needing operative interference. At the great Ormond Street Hospital, in London, where many children are operated on for cleft palates, since the introduction of this method of examination, surgeons have refused to operate when the children were found below normal in their resistance to pus organisms. Children found below were inoculated with necessary vaccines, and their resistance increased, and, as a result, the operations have been every one successful, and there has been no infection of the wounds.

The possibility of curing an infection by material obtained directly from the attacking germ is a remarkable fact, but none the less true. But remember the process of inoculating a vaccine so prepared is fundamentally different from the treatment of diphtheria by antitoxin.

Years ago Pasteur widened the concept of the term "vaccine" by applying it to material obtained from germs and capable of producing immunity.

Wright has even gone further, and defines a vaccine as: "Any chemical substance which, when introduced into the body, causes there an elaboration of protective substances."

The practical importance of the discovery of opsonins consists in their relation to this question of the treatment of infection.

You will readily understand that if

you can measure the protective substances in the blood before and after treatment, you have reduced the handling of the microbic diseases to a mathematical basis of exactitude, and you at once remove the charges of empiricism which have heretofore been justly applied.

Consequently, the therapeutic value of this new vaccine treatment, as claimed by Wright, is easy of demonstration,

It is an apparent paradox that an individual may suffer from boils for months or years, and yet the hypodermic injection of a small quantity of a vaccine of the very germ causing these boils, will not only produce a cure, but will also prevent the occurrence of other boils which would have developed.

The amount of opsonin, which in such patients has been found below normal, is greatly increased by this inoculation, and hence the cure.

One would expect absorption of vaccinating material from the area of the boil would take place, but these germs. as in so many other diseases, have securely planted themselves, and actually one might say need undermining to overthrow their military tactics, and even then it is sometimes difficult to get enough blood juices to permeate their strongholds. Here we have for the first time a complete understanding of the efficacy of the time-honored poultice, and the reasons of its curative effect by helping more blood juices containing opsonins to get at the source of infection.

I think this an appropriate place to pause to consider for a few minutes the work of another genius in medicine. I refer to Bier, of Bonn, in Germany. You may remember he was in attendance on the late Shah.

You are familiar with him as having been the originator of the method of introducing cocaine into the spinal cord to produce anesthesia in some operations where ether and chloroform were inadvisable.

Bier noticed, as many others had done, that, broadly speaking, a patient with certain forms of heart disease never died of consumption, though he might die of tuberculosis in other parts of his body. He thought that the explanation of such patients never dying of lung tuberculosis was due to the congestion of blood in the lungs, resulting from the leakage backward of blood from the heart, such congestion preventing the growth of the tubercle bacilli. Acting on this idea, he started to treat many chronic microbic affections by causing a congestion of the affected area. For instance, if a patient had tuberculosis of the wrist joint, he would apply an elastic bandage to the area above, and by closing the veins and lymphatics congestion would occur at the wrist. His results have been farreaching and remarkable. His assistant, Klapp, carried the method further. to the using of cups which could be applied over running sores, and by creating a vacuum, more matter could be exhausted from the wounds, and consequently more blood would flow to them.

The up-to-date surgeons the world over to-day are combining the principles of Wright and Douglas with those of Bier and Klapp, resulting in amazing cures of apparently hopeless conditions. From what I have said you will understand that the Wright and Douglas methods increase the richness of the

blood in antagonism to the germs; those of Bier and Klapp cause an increased amount of blood to flow through the centres of disease.

I will now proceed to lay before you in part the position of tuberculosis in to-day's medical minds.

By means of the opsonic index it is possible to make a diagnosis of tubercle infection with almost complete accuracy.

By means of this blood examination the children of the tuberculous can be watched and guarded against the disease. The reason why tuberculosis so often follows diseases like measles, influenza and diabetes is now clearly understood. Such patients are found with reduced opsonins, and so incomplete protection against tubercle germs, and appropriate steps can be taken to increase these opsonins and save them from tubercle invasion.

So much for prevention. As for cure, Wright has accomplished the most remarkable results. I saw cases in his clinic where actually square feet of tuberculosis attacking the skin and tissues beneath had been cured, and others fast curing. Cases of tuberculous glands, with histories of ten or more operations over many years, were cured in large numbers and without exception.

Regarding pulmonary tuberculosis, Wright's clinic showed many cured cases, in spite of the fact that he is unwilling to treat them. Those I saw usually had had local tuberculosis elsewhere in the body, and hence their presence in the clinic.

I must briefly tell you why Wright objects to these cases. If one has an ulcerated foot and one walks on it, he is apt to throw continually into his circulation poisons from this ulceration. So it is in pulmonary tuberculosis.

Wright's clinic is an ambulatorium. He is allowed no beds in the hospital, and therefore he has steadfastly refused to treat cases he cannot control. However, he has had his methods adopted by most of the sanatoria in England, and they are used when patients can be kept quiet and controlled.

As stated already, different diseases are treated by him with vaccines made from the patients' own germs. In tuberculosis, however, owing to the difficulty in growing the germs from each patient, Wright has used Koch's new tuberculin, which is nothing but an emulsion of ground-up dead tubercle bacilli. By the guidance of the opsonic index and the employment of this have the marvellous cures been accomplished in local tuberculosis, and also in the first stages of pulmonary tuberculosis. The treatment by it of further advanced pulmonary tuberculin needs some explanations.

Germs are very prone to hunt in couples. Influenza is rarely pure, and most of its complications are due to other germs, such as the pneumococcus. It is a well known fact that the growing of the influenza germ in an incubator is greatly aided if one adds a pus germ to it.

Diphtheria is very commonly complicated by pus germs, and it is often in these cases that failures are reported from the use of anti-toxin, because, though the poison of the diphtheria germ is neutralized, those of the pus germs are not, and the patients die of blood poisoning.

Wright discovered he could inject tuberculin without result in cases of skin tuberculosis, if other pus organisms were present. So he prepared and used vaccines from these pus organisms, and then his tuberculin inoculations bore fruit.

So the case is in pulmonary tuberculosis, after the early stage, many varieties of germs get into the area of disease and help to the downfall of the victim. Many patients may get well even now, but we are mostly familiar here in Colorado with those cases who, having reached a certain point of chronic invalidism, never get further, and who by the least indiscretion awaken their centres of disease.

When the tubercle vaccine of Koch was first introduced, some good was effected, but an enormous amount of harm caused the medical world to discontinue its use. The reason of the great harm is now easily explained—it was given too often, and in too large quantities.

I would remind you here of the history of calomel giving. Wright has found by watching the opsonic index that the amount for best results is a one thousandth part of what was first used, and then only every ten days, instead of twice a day, as was formerly the case.

A patient often seen at his clinic is an excellent illustration of this.

A fellow servant pierced her ear for an earring with a needle she had held in her mouth. A few weeks later this practiser of barbaric customs died of consumption, and the woman with pricked ear developed a little pimple, which gradually spread, and a tuberculous process developed, which spread from her ear over her face, neck, shoulder and down the arm.

When Koch's tuberculin was brought out, two inoculations a day were given her of what is now known as a large amount, and the result was most disastrous, the arm sloughing almost off, necessitating amputation.

For 15 years this woman visited the hospitals to have abscesses opened and her large area of disease dressed, but received no more special treatment, and the disease steadily progressed.

Wright found her with a resistance to tubercle, as measured by her opsonic index, only one-half that of a normal person. By watching her index and inoculating with infinitesimal doses this woman is now completely cured.

I found in Europe the greatest admiration for Troudeau, and I will here quote from a paper of his published last Fall.

In writing of the use of vaccine, he states: "I have become convinced that any danger there may be of aggravating the patient's condition by tuberculin treatment lies principally, if not wholly, in its faulty or reckless administration."

And again: "I would not urge any physician who prizes his peace of mind to embark on the treatment of tuberculosis by this method, unless he is prepared to begin with minute doses and increase with the utmost cau-He will also soon be made tion. deep-rooted prejudice feel the which exists both in the profession and laity against tubercusin treatment, and he must be prepared to meet criticism and blame for all the exacerbations and complications which naturally develop in the course of the disease, and which are invariably attributed, not to the disease, but to the treatment, while coincidences will occur occasionally which make his position indefensible, and which he must be prepared to face as best he can. I have seen a tuberculous meningitis, haemoptysis (lung hemorrhage) and uncontrollable fever, all

ending fatally, occur in patients who were about to take tuberculin, but for some reason or other did not take it."

Again: "I nevertheless have formed the impression that the use of tuberculin brings about somewhat better results than can be obtained by sanatarium methods alone."

In spite of the greatest adverse criticism, Troudeau has persisted in the use of tubercle vaccine in selected cases for years, and the evidence accumulating from Wright's work proves how correct he has been.

Similar conclusions, you will perceive, have been arrived at on each side of the Atlantic by Wright by exact blood measurements, and by Troudeau by close clinical observation.

Let us return once more to the opsonic index in tubercle, and we learn that in cases of climatic and sanatorium treatment that unless a complete cure has been effected, the index is invariably low, and the resistance of these patients is such that they can never unaided be completely cured.

You will probably want to be informed on Behring's work, and of the cure he has promised to announce.

His so-called cure is nothing more than a vaccine very similar to what I have described.

When Harvey delivered his famous lectures on his discovery of the circulation of the blood, many left the lecture hall with the feelings of the fishes after St. Anthony's well known sermon:

Much delighted were they, But preferred the old way. In departing from any settled belief, the change—the break with custom—may come gradually, but the final break is made, as a rule, by some one individual—the masterless man of Kipling's splendid Allegory, who sees with his own eyes, and with an instinct or genius for truth escapes from the routine in which his fellows live. But he often pays dearly for his boldness, and learns that the pain of a new idea is one of the greatest pains to human nature.

Carlyle remarks: "The eye only sees what the eye has power of seeing," and the statement is an acknowledged truth.

My own vision may be distorted, but it looks to me as if the medicine man of the future will wield the inoculating syringe, and look back upon the present gentleman, with his pill boxes and ointment pots, as we now regard those practitioners of the middle ages, from whom, after all, we are not so very far removed with our applications of the remains of fossil fish, etc.

Nineteen hundred years ago Celsus wrote that "medicine is a conjectural art, and that the nature of conjecture is such that although it answers for the most part, yet sometimes it fails."

Whatever may be the final verdict of these inoculation ideas of Wright's, there is no doubt to-day that the originator already stands on a level with such men as Pasteur and Jenner. The opinions of some of his best contemporaries are that his methods should be adopted in the first line of treatment instead of as a last resort, after the defensive mechanisms have fallen into desuetude, lethargy or are worn out.

# The Advantages of Training Nurses in Families

DISCUSSION OF PAPER IN MAY NUMBER.

Chairman. This has put this well-worn subject in a number of new lights. We are now open for discussion. Miss Anderson, I do not think your being the secretary of this club bars you from expressing your opinion on this subject.

Miss Anderson. I certainly think that such experience as has been described of actual work in the homes of the rich or poor would be invaluable to the pupil nurse and also that her services would be a great boon to many of the families to which she might be sent. I would advocate that a short period of such work (not more than six weeks in a two years' course) be included in the nurse's curriculum. In a three years' course a period of three months of such training while the pupil is still under the guidance of her instructors in the hospital would not be too much. If the third year's work were elective, as I think it should be, I believe that every pupil who proposed to take up private nursing after graduating would gladly avail herself of this experience in private nursing while still in training.

Chairman. I think in the discussion of this subject one point brought up by Mrs. Palmer has not always been borne in mind, that is the difference in the situation of the smaller hospital in the small city, and the situation of the large hospital in the large city. The function that a hospital like that at Framingham or Waltham performs in these communities is widely different from the function that the Massachusetts General performs.

Dr. Thompson. I am very glad to be

able to say a word on the subject, "Nursing in Private Families." It seems to me we are very much indebted to Mrs. Palmer for her intelligent presentation of not one side only, but of the broad view of the subject as it comes to us in smaller towns. I am connected with the Burbank Hospital of Fitchburg as instructor in the training school. We believe there that three things are necessary for the training of nurses for the proper performance of their duties. These are: First, that the nurse perfect herself in technique in the way of doing the ordinary things which she is called upon to do, making beds, sweeping floors, giving hot douches, washing out the bladder, giving ether in the proper way, being able to give oxygen, etc. One of the three essentials then is in perfecting herself in technique. The second is perfecting her powers of observation. A nurse must know whether a patient is better or worse. In cases of pneumonia, for instance. The third essential is, giving the nurse experience in nursing in private families.

It has been said that they teach private nursing in the Massachusetts General Hospital. With all due respect to the Massachusetts General Hospital, they teach many things well there, but they cannot teach nursing in private families, because the important element, the private family, is absent.

Now, in the Burbank Hospital we have tried to send out our nurses the last six months of their training into private families to do nursing.

·Because the Massachusetts State As-

sociation of Nurses would not allow our nurses to become members, for the reason that they had not spent two full years in the hospital, we added three months to the length of our course, making our course two and a quarter years instead of two years. I hope the Massachusetts State Association will change its requirements, because I think they are unjust and unnecessary.

I have been much interested in Dr. Cabot's paper. I will say that I think we at the Burbank Hospital are inclined to increase our course to two years and six months at least.

One thing more occurs to me to say, and that is, if a nurse does not get some experience in nursing in private families before she goes out, she must get it, with perhaps some inconvenience and humiliation, after she graduates.

Chairman. Any further discussion on this subject?

Dr. Washburn. I will admit the advantage to the nurse in getting some experience in private families, but is it not a little rough on the private families? At the Massachusetts General we do not teach them all they could be taught in private families, but we have, at least, rubbed off the crudeness. We have a nurse in charge of the instruction in special and private nursing who has had a great deal of experience in private nursing, and she tries to train the nurse so that when she goes out into private families a great many of the awkward mistakes which are frequently made will not happen. We save the private family in that way.

Dr. Palmer. I want to support my better half and eminent commander in behalf of the training in private families.

If I understand it, reference was

made to getting training in private families at the Corey Hill Hospital.

Pardon me for saying it, but I think it is the hugest joke of the evening. I think it is about the limit.

The idea of assuming that they are teaching nursing in private families at the Corey Hill Hospital is positively funny.

It was my privilege a few years ago in looking for light and information as to how to run things to be invited to the Corey Hill Hospital. I went, and was delighted. If there is anything lacking at the Corey Hill Hospital that money will buy, it is because it has been overlooked by the management of the hospital.

The kind of training that a nurse wants and needs that will make her a woman is the kind that she will get in the poor families, not in the wealthy. What do you know about home life in the Corey Hill Hospital? If I had the time I would like to give the experience of a student nurse in the poor private families. There is a whole evening's fun and instruction both. Those nurses who go out into these poor families get experience there they cannot get elsewhere—frequent make-shifts and trying needs and trying times.

I have remarked to some of my nurses that when I made a new prayerbook I should put this in, "From hypochondriacal men and hysterical women, good Lord, deliver us." You do not get them in the Corey Hill Hospital, but you do get them in the average farmhouses among the common people. Now, any chump can sail a sailboat in fair weather, but it takes a sailor to sail it in a storm. Now, the only time to try a nurse is when there are difficulties, and she gets them in private families. As to how the

private families feel on the subject, we are very seldom asked to call in a student nurse and substitute a graduate nurse. In fact, I hear this objection expressed in regard to the trained nurse: "She knows too much." The student does not pretend to know too much, and she nurses under her instructor and every day can receive encouragement from our superintendent.

If it is allowable for a country man to advise city men how to train their nurses, I would like to give this advice as to instruction in the families. Have a superintendent of nurses (for home nursing) who shall go into every one of the families every day and see what the nurse is doing, and give practical support, help and encouragement.

I want to make just one other point. I want to speak in behalf of the public. If it were not for the system we have had in Framingham successfully for fifteen years, we should not have been able to exist, for the reason that we have not had an endowment. We have had to pay our way with the conscientious, faithful work of the nurses and the public that has been served by these nurses. We have a warm place in the hearts of those in the vicinity of the hospital be-

cause they are interested in the everyday life of the nurse. Our chairman can testify that when they graduate and he comes out to talk to them he has not only a crowd on one side, but one on the opposite side, and he has proved equal to the occasion, meeting both sides at the same time.

Chairman. Any further discussion? Mrs. Palmer, will you close the evening?

Mrs. Palmer. I feel that I have very little to say in addition to what has been said. I am sure Dr. Palmer has said most of the things I would. We have been working together for so long we have many of the same ideas and experiences.

There is one thing I would like to say and that is, we have heard objection many times to sending out nurses and receiving compensation, but it is necessary for our institution to be supported by the public in some way to a certain extent.

We feel that it is fairer to ask those who receive these services to make this contribution than to call upon the general public, and the families are very glad to obtain the services of students, so much so that we cannot supply the demand on many occasions.

### Polyclinic Registry Notes, New York City

Miss J. Ethel Finotti has gone to her home in Washington, D. C., to recuperate after an operation for appendicitis.

Miss Margaret Scott has gone to her home in Ottawa, Canada, for the Summer to recuperate after a short illness. Miss Mabel Hersom is returning to New York after a long visit to her sister in Augusta, Ga.

Cupid has been stirring things lively at the Nurses' Home at 8 West Ninety-third street, New York City.

## Anaesthesia and Anaesthetics

H. A. HERMANN, M.D.

66 A ND the Lord God caused a deep sleep to fall upon Adam, and he slept; and he took one of his ribs and closed up the flesh instead thereof." Thus from Genesis, of sacred rocords, we draw an impression of the first operation tempered by Anaesthesia. Before going into the history of Anaesthesia and anaesthetics, and discussing their action and uses. I want to make the statement that I think it is most important to the medical profession that nurses should take up the administration of anaesthetics. I believe that they become the most proficient in this line of work, for they do not, as a rule, aspire to be either surgeons or assistant surgeons; hence it is not difficult for them to give their undivided attention to the anaesthetic, and, thus best fitted for their administration. It is true that most of the accidents that occur in the administration of an anaesthetic are due to the carelessness of inexperience, and this is not to be wondered at when we know that in many cases the giving of an anaesthetic is intrusted to the least experienced professional present, and too often that man is attempting to grasp the details of the surgeon's work instead of closely observing the important work that is his, and that is so essential to the safety of the patient, for in many cases anaesthetization completely transcends the operation in gravity and importance.

From the dim ages of the past we learn that primitive man employed compression of the carotid arteries to produce anaesthesia. According to Casper Hoffman this method was practiced by

the ancient Assyrians before performing the operation of circumcision. literal translation of the Greek and Russian term for the carotid is "the Artery of Sleep." Pliny relates that the Egyptians applied to painful wounds a species of rock brought from Memphis, powdered and moistened with sour wine, which is the first record we have of local anaesthesia with carbonic-acid gas. The earliest reference to anaesthesia by inhalation is contained in the works of Herodotus, who states that the Scythians were accustomed to produce intoxication by inhaling the vapor of a certain kind of hemp that they threw upon the fire or upon stones heated for the purpose. This was probably Cannabis Indica or Indian Hemp, which was employed by Oriental races as an anaesthetic from very early time. Dioscorides (A. D. 100), states that shepherds "eating Mandragora (Mandragora Atropa, L.), are made sleepy, and that three wineglassfuls of liquid preparation of the root are given to those who are about to be cut or burnt, for they do not feel the pain"; thus we see that both the hypnotic and anaesthetic effects of the drug were recognized.

Dioscorides also refers to a substance called "Marion," believed to be the white seed of Mandragora root, which is mentioned also by Pliny as a narcotic poison. "A drachm of it," he states, "taken into a draught or in a cake or other food, causes infatuation and takes away the use of the reason; the person sleeps without sense in the attitude in which he ate it for three or four hours afterward.

Physicians use it when they have to resort to cutting or burning." Sir Benjamin Ward Richardson once prepared a draught according to one of the receipts of Dioscorides and took it. He tells us that "the phenomena repeated themselves with all faithfulness, and that there can be no doubt that, in the absence of now more convenient anaesthetics, 'Marion' might still be used with some measure of efficacy for general anaesthesia."

Evidence of the practice of surgical anaesthesia is to be found in the writings of several physicians during the time of the Roman Empire.

The Hindus inhaled the fumes of burning Indian Hemp as an anaesthetic at a period of great antiquity. It is also recorded that "a Chinese physician named Hoa Tho, who lived A. D. 220 or 230, was accustomed to administer to his patients on whom he wished to perform painful operations a preparation called 'Nea-Yo,' the effect of which was that after a few moments they became insensible as if they were deprived of life."

In a Celtic manuscript of the twelfth century on Materia Medica, a preparation called "Potu Oblivionis" is mentioned. A draught of this preparation was used by the early Irish to induce sleep. Coming to the 15th century the method of producing insensibility to pain by the inhalation of the volatile principles of drugs, which had been handed down from the early ages, seems to have been revived by Hugo of Lucca, a Tuscan physician.

Local anaesthesia during this period was not unknown. Cardow recommended the inunction of a mixture consisting of "opium, celadine, saffron and the marrow and fat of man, together with oil of lizards." Also near this period Bernard mentioned that it was custom-

ary in Salerno to mix the crushed seeds of poppy and henbane and apply them as a plaster, to deaden sensibility to parts that were about to be cauterized; while Bartolinus states that local anaesthesia was sometimes produced by freezing, thereby foreshadowing the use of Ether and Ethyl Chloride.

During the seventeenth century the belief in the narcotic draughts of the ancients for producing anaesthesia seemed to wane, and few allusions are made to their use until the middle of the 18th century, when fresh interest seems to have been excited in the subject. The famous Borehaave is said to have used opium as an anaesthetic both by inhalation of its vapors and also by internal administration in powder.

Thus it is seen that, from the dawn of Creation anaesthesia for surgical operations has been practiced to some extent.

The discoveries of Joseph Priestly, about 1767, led up to the plan of administering gases and vapors of definite composition by inhalation through the lungs. In 1776 Priestly discovered nitrous oxide; some years later it was compressed in water and came into general use as a medical agent. In 1818 Faraday pointed out that the inhalation of the vapors of sulphuric ether produced similar effects to those caused by nitrous oxide.

Oliver Wendell Holmes first suggested the word Anaesthetic, as a suitable term for a drug which removed the senses of pain, date November, 1846. This was about two months after Dr. Morton, a dentist in Boston, put it to practical uses. However, it had been used about four years prior to this for the surgical removal of a cystic tumor by Dr. Crawford Long, of Georgia, who resided in Jefferson, Jackson County, but was only

known locally, and not made known to the medical profession, as the district in which he lived was far removed from contact with the large cities and centres of thought, and remained unpublished. The next epoch-making event in the history of anaesthesia was the discovery of the anaesthetic properties of chloroform. This drug was dicovered practically simultaneously by Guthrie, of America, and Soubeiran, in France.

In a brief way I mentioned as anaesthetics drugs that have been used more or less, either alone, or in combination, for surgical anaesthesia, ethyl bromide, A. C. E. Mixture, composed of alcohol, chloroform and ether, and nitrous oxide gas, but none of these have attained the prominence that ether and chloroform have: sometimes nitrous oxide is used to anaesthetize a patient when the surgeon is in a hurry, unconsciousness being preserved by the additional use of chloroform or ether. Dentists use nitrous oxide. "Nitrous oxide ought not to be used where the patient has a fatty heart or atheromatous vessels."

"What's best is best;

"'Twere ill to waste one's energies on less."

Ether and chloroform are the anaesthetics of election for all general purposes and we will consider these in describing effects, method of administering, and accidents that might occur. Under the caption of general facts it is proper to consider a few important points.

A patient under the effects of so powerful a drug as ether or chloroform, destroying consciousness, is nearer death than the ordinary human being, since the primary depressing influences upon the high nervous centres may speedily pass to the lower vital centres in the Medulla Oblongata. No one should use ether ex-

clusively or chloroform exclusively, for there are indications and contra indications governing the use of both. Another point to remember is that "the skill of the anaesthetizer does not consist so much in getting the patient under in a short time as it does in producing surgical anaesthesia gently, easily and tenderly, so that the heart and mind will not be disturbed by suffocation, fright, struggling or overdoses." The responsibility of the anaesthetizer does not cease as soon as the patient returns to consciousness, for most of the post-anaesthetic distress, the vomiting, the bronchitis, the pulmonary congestion and the conditions of anuria, may be avoided by the proper administration of the anaesthetic. Every person to whom an anaesthetic is to be given should be examined to determine the condition of the heart. blood vessels and kidneys, for the danger is greatly increased by presence of disease of the heart, blood vessels and kidneys. Immediately before the drug is given, careful inquiry should be made to discover whether the patient has some foreign body in mouth, such as false teeth, tobacco, pins or chewing gum, which if not removed may cause great difficulty by falling to the back of the mouth and so obstructing the air passages. The patients should also be asked whether they had ever taken an anaesthetic before, and, if so, whether it had any untoward effect. In this way idiosyncrasies may be discovered which will enable the anaesthetizer to be on the alert for accidents. In a study of the safety of ether or chloroform the profession is almost a unit in recognizing that ether is the less dangerous, although a large number of eminent men still employ chloroform, to the exclusion of ether, on the ground that when chloroform is given with care accidents are almost unheard of.

When ether is first inhaled, even when well diluted with air, it is apt to cause a sensation of oppression or even suffocation, which can be overcome by very gradually increasing the strength of the vapor. Only in the most hurried cases is it proper to pour the ether on the inhaler and then hold it tightly over the patient's face at the very beginning of the administration; not only is such a method harsh and calculated to frighten the timid, but it is capable of straining the heart through congestion arising from the struggles of the patient, and, if any weakness of the blood vessels is present, may cause their rupture by the rise of arterial pressure produced by the drug, the struggling, and the partial asphyxia.

The primary sensation of suffocation. with that which often comes on just as the patient is about to pass into unconsciousness, can nearly always be avoided, at least in part, by not giving the drug too freely. Very commonly following the sensation of oppression or slight suffocation a few long breaths are taken and then fixation and immobility of the chest ensues, so that for nearly a minute it would seem as if the patient was "forgetting to breathe," and then a deep respiration ensues, followed by rapid deep breathing which usually initiates what is known as the stage of excitement, during which the patient sings, cries, shouts, swears, or fights; this stage lasts for only a few minutes, then the patient passes into the complete anaesthetic condition and is ready to be operated upon. The pulse from the beginning under ether is accelerated, although in some cases, where, because of fright or other reasons, the pulse has been very rapid.

it may be slowed by the steadying or stimulant effect of the drug. The respiration when once the patient is anaesthetized is deeper than in health, and the skin is dry and warm, though often flushed particularly about the face and neck.

With the development of well marked muscular relaxation snoring or stertorous breathing comes on and the increased secretion of mucus and saliva due to the irritant effect of the ether "increases the noisiness of the respiratory cycle." If ether be pushed beyond all therapeutic bounds the pallor of the surface changes to a deathly lividity, while the skin becomes cold and perhaps relaxed or moist, the pulse falls and the respiration is gradually extinguished from intoxication of the respiratory centres, so that death ensues from this cause.

The accidents which occur during the use of ether consist chiefly in the arrest of respiration through depression of respiratory centre by excessive action of the drug, or stoppages of breathing caused by an accumulation of mucus or some foreign body in air passages. Obstruction is also caused by the tongue falling back and depressing the epiglottis. Should any of these symptoms arise during the administration, raise the jaw up and forward, catch the tongue with a piece of gauze and draw it up and toward the nose, a little to one side, withdrawing the anaesthetic. Should mucus become troublesome, one can easily wipe it out with a piece of gauze prepared for the purpose. Should ether produce difficult breathing, profuse secretion of mucus or cough, lift the mask from the face, allow a liberal amount of air and then continue with the anaesthetic. It is far better for the anaesthetist to become skillful in watching for symptoms and

preventing them than to become so proficient in the use of oxygen tanks, tongue forceps, or hypodermic syringes. It is well to watch the character of the pulse, but of far more importance to watch the respiration, as the earliest indication of danger, and unsatisfactory pulse or respiration, is a call for plenty of air and less of the anaesthetic. Be familar with the Trendelburg position, artificial respiration, and Laborde's rhythmical tongue traction, if needed.

When chloroform is inhaled by the healthy man there may be for the moment a slowing of the pulse and a rise of arterial pressure due in part to the cerebral excitement of the patient and to irritation of the respiratory mucous membranes produced by the anaesthetic vapor, which may also reflexly cause cardiac inhibition. This condition is very fleeting, is replaced by a pulse more rapid than normal and one which is less powerful.

The arterial tension is generally decreased, and, after the patient is fully under the drug, is greatly decreased. The pupils are primarily a little dilated, but permanently contracted during full anaesthesia. If they suddenly dilate during the anaesthetic period death is imminent; should the patient struggle violently the drug must not be pushed. The action of chloroform in producing anaesthesia is identical with that of ether, "acting first on the perceptive centres, then on the intellectual centres and then on the motor centres." In the administration of both ether and chloroform I prefer the open method; by the use of the Esmarch inhaler.

To give an anaesthetic properly is all one person can do, and he who undertakes to learn surgery at the same time does a great injustice to the patient by increasing the danger on account of divided attention.

### Resolutions, Medico-Chi. A. A., Philada., Pa.

WHEREAS, It hath pleased Divine Providence to remove from our midst Margaret A. Byrne, a member of our Alumnae Association; and,

WHEREAS, Her professional career had distinguished her as one of the foremost nurses of our association; therefore,

RESOLVED, That the Alumnae give expression to the great loss it has sustained in the death of our colleague, whose qualities of heart and mind endeared her to all in professional life and commanded the respect of all who met her in private life.

RESOLVED, That in Margaret A. Byrne we found all the attributes of good womanhood, the successful nurse and good manager in all institutions with which she was identified.

RESOLVED, That her enterprise in professional work and her generosity in private life have erected a monument more enduring than granite, more lasting than any tablet that can be erected by the hands of her many friends.

RESOLVED, That we, the members of the Alumnae surviving, tender our condolence to the bereaved family and direct that a copy of these resolutions be placed on the minutes of our association, one copy sent to the nursing journals and one copy duly engrossed and attested be forwarded to the parents of the deceased.

Committee: ELLEN M. RITTER-GERTRUDE E. GERHARD.
JULIA SWEIGERT.

# Obstetrical Pursing in Private Practice

PAPER II.

### Care of Mother After Labor

ANNIE E, HUTCHISON

A FTER delivery all patients suffer more or less from nervous shock and exhaustion, the degree depending upon susceptibility of patient and severity of labor. It is therefore most important that the patient be kept quiet and as free as possible from all excitement. If the patient has suffered intensely from pain or if she has lost a great deal of blood the exhaustion and nervous symptoms will be more pronounced, and even greater care must then be exercised on the part of the nurse. No outside visitors should be allowed for a week in the average case; and, especially at first, great discretion must be exercised in admitting members of the household. What a patient most needs after delivery is rest: let nothing disturb her.

Besides the nervous susceptibility of her patient, which necessitates quiet and the careful avoidance of all excitement, the obstetrical nurse must bear in mind the importance of her patient having prolonged rest in recumbent position, as this favors involution of uterus, and must never lose sight of the risk of septicaemia, which demands the most perfect surgical cleanliness and hygienic precautions.

Immediately after delivery the uterus should contract firmly, and if it does so and remains well contracted there will be no danger of the occurrence of hemorrhage. It may, however, contract well after delivery and later relax. If uterus is not well contracted coagula are apt to

be retained in its cavity, and should they be retained until decomposition sets in septic absorption will be the grave result. Also, should any portion of placenta or membranes have been retained the same very grave danger is present, and should the nurse have been alone with patient at time of delivery not the least important of her responsibilities would have been the careful examination of placenta to ascertain if any portion was retained. At first the vaginal discharge, the lochia, consists of almost pure blood, which gradually becomes lighter, or after some days perhaps greenish. The amount and duration varies much in different cases. but in the average case it is scant by the end of two weeks, although in other cases it may continue abundant for a month. Any slight disturbance may cause it to increase in quantity and again become red in color; premature exertion is likely to have this effect, as it interferes with proper involution of uterus. Patient should not be allowed to move about as long as discharge is profuse and red. Blood clots of considerable size are frequently expelled with lochia for a day or two after delivery, especially if uterus has not contracted well after expulsion of placenta. The nurse must note and record character of lochia, its color, odor and quantity. It has a characteristic odor, but if it becomes offensive it may indicate retention and putrefaction. Offensive lochia indicates the necessity of a vaginal douche. Doctors differ as to

douches, and ordinarily the nurse will give them only when ordered, but if lochia becomes offensive and the doctor's advice is not immediately forthcoming the nurse may give an antiseptic vaginal douche. Vaginal dressings should be changed frequently, about every three hours or oftener at first. Every time pad is changed the parts should be bathed with disinfectant or sterile water. Parts should also be bathed and pad changed each time after movement of bowels or passing of urine. If perinaeum has been lacerated, as frequently occurs, especially in primiparae, the cleansing of wound and changing of dressings demand special care. Indeed, in any case, the necessity of having everything that comes in contact with the patient antiseptically clean and of frequent and careful cleansing cannot be too strongly emphasized. The nurse should never touch the patient in the region of the genitals without first washing and disinfecting her hands. The patient should have a bath every morning or every second morning, and should have an alcohol rub after bath and at night. This general rule is of course to be modified to suit individual conditions. If patient is very weak a general bath may prove too exhausting at first. All soiled clothing should be immediately removed from room; plenty of fresh air should be admitted, and patient kept as comfortable and cheerful as possible. The nurse should relieve the mother of the care of the baby as much as possible.

The puerperal patient need not be starved and she should not be overfed. Liquid and light diet for from three days to a week according to condition and then a gradual return to ordinary diet is about the average rule. Individual condition must, of course, always be taken into consideration in dieting of patient.

Strict attention must from the first be paid to patient's breasts or much suffering may ensue from this source. To regularly bathe the nipples with alcohol, camphor or listerine some weeks before confinement will render them less sensitive, and they will not be as liable to fissure. A fissured nipple may be the starting point for that much dreaded complication of mammary abscess, or abscess may ensue from neglect of breasts that have been allowed to become engorged and congested.

Even with great care there may be some constitutional disturbance about the time secretion of milk becomes established, but it is likely to be transient. The baby may generally be put to the breast after the mother has rested a few hours. The nursing of the child helps to secure contraction of uterus, draws out the nipple and excites a more abundant secretion of milk; and the child should have the first secretion, the colostrum, on account of its purgative action. The secretion usually becomes established about the third day, at which time the greatest vigilance is necessary in order to prevent trouble arising from the engorgement and congestion of mammae, which is apt to occur at this time. Much of the trouble from this source may be avoided by the early use of a breast bandage put on snugly and evenly, so as to support the breasts and prevent them from becoming greatly engorged. In district nursing, where the nurse is necessarily absent from her patient much of the time, the writer was much impressed by the advantages of the early enough use of the mammary binder. When the breasts become much engorged gentle rubbing with warm oil toward the nipple will often aid the flow of milk, and the application of compresses wrung out of

hot sterile water or hot boracic solution will also be of benefit. Often at first when the breasts are full the baby cannot take enough of the milk, and in such cases the breast pump should be used. The nipples should be bathed with a boracic solution after each time of nursing. Applications of castor oil, cocoa butter, sweet oil or vaseline are used to render the skin flexible and prevent fissure of the nipple. Should a fissure form the physician should be notified, so that he may order treatment. Breasts are sensitive to cold and should be kept well covered. If necessary to dry up the secretions and if the breasts become hard and tense the condition can usually be relieved by the application of compresses of hot camphorated oil.

Some patients suffer considerably from after pains which may begin a few hours after delivery and in bad cases continue for some days. They are due to contractions of uterus and are generally increased when child nurses, and also likely to be more severe if any coagula is retained in cavity of uterus. Sometimes the pain complained of is neuralgic in character and not really after pains proper; that is, not pain caused by contracting of uterus. After pains are not usually regarded as requiring treatment, but not infrequently the pain is severe enough to seriously interfere with the patient's rest, and, if so, the doctor should be notified. Sometimes an opiate is ordered for the relief of these pains, but as this is considered to check contraction of the uterus and so favor hemorrhage the nurse should not give it except upon order.

On the second or third day it is customary to secure action of bowels. The doctor may order a laxative, or an enema may be given. It is not unusual after parturition that the patient cannot at first

void urine. This may be due to temporary paralysis of bladder, caused by pressure of fœtal head during labor. Do not pass catheter without first trying other means. Sometimes hot water in the bed pan is all that is necessary, or hot water allowed to run down over vulva into bed pan may prove of benefit—only sterile water should, of course, be used. Sterile gauze or absorbent cotton wrung out of hot water and applied to vulva and over bladder may secure the desired result, and if these means fail hot stupes over the kidneys may be tried and may have the desired effect. If these means all fail the catheter should be used at once, as prolonged retention is very likely to make matters worse. It is of the highest importance that catheter be surgically clean. Before using it, wash parts and be careful that catheter does not carry up with it vaginal discharge, to set up an irritation in bladder and probably cause that very painful complication, cystitis.

Before leaving the mother to attend to the baby after labor is over, the nurse should give attention to the state of the pulse, and it should also be carefully watched all during convalescence. Immediately after delivery the pulse generally falls, and slowness of pulse at this time is not an indication of danger; but if pulse is above 100 after delivery, some complication, especially hæmorrhage, may be feared, and the patient should not be left alone, but should be carefully watched for symptoms of hæmorrhage. Abdomen should be examined to ascertain if uterus is well contracted and to discover distension, if any. The temperature should also be taken regularly all during convalescence. It may never rise above normal; may be inclined to subnormal. If temperature and pulse both remain nor-

mal, the nurse may rest assured that her patient is doing well. If the pulse at any time is found to be rapid, the temperature should at once be taken. A quick pulse and a high temperature indicate some disturbance, and an effort should be made to locate the source of trouble as soon as possible. A high temperature occurring when secretion of milk is becoming established may have little significance, but may be of much more serious import if associated with scanty lochia. Trivial circumstances, perhaps the exertion of moving or some little excitement, may cause a sudden temporary rise in pulse. The temperature, too, may temporarily rise from slight causes; and errors in diet, constipation and mental disturbance are always to be guarded against. Sometimes when temperature goes up an enema is all that is required. If temperature rise over 100 F. and pulse at the same time become rapid, and if this condition continue for any considerable length of time, some complication may be apprehended. Breasts should be examined to discover if there is any evidence of disturbance there; ascertain if patient is suffering from pain in breasts, in region of uterus or elsewhere; examine abdomen to find out if there is any tenderness of uterus, and note particularly the quantity and character of the vaginal discharge. Prevention is undoubtedly better than cure, and every possible precaution should be taken to avoid septicæmia; nevertheless, the nurse should be alert to note any symptoms that might herald its approach. A chill followed by high fever and rapid pulse, and associated with headache, pain or tenderness in uterus and scanty or suppressed lochia. points to that most to be dreaded of all complications, septic infection, probably from absorption of decomposing matter

in uterine cavity. Such a condition indicates the need of antiseptic intrauterine douches. Intrauterine douches are not altogether free from risk, and, as a general rule, the private nurse is not required to give them, as in cases where they are required the attending physician will generally give them himself. However, nurses in charge of patients in remote places where it would require a long time to secure the services of a doctor may sometimes be required to take the responsibility, not only of giving intrauterine douches on the order of the doctor, but, if symptoms were so alarming as to indicate urgent need and it seemed inadvisable to delay until physician's arrival, without his authority. Fortunately, the case that requires this treatment is quite the exception. If the patient suffers from a headache, the nurse should not be satisfied until she has found out the cause. It is probably from some comparatively slight cause, such as heat, worry or indigestion; but, on the other hand, it may be due to something much more serious, such as trouble in breasts, septic infection or eclampsia. Cases of eclampsia sometimes begin with a headache; and, particularly in a patient who has previously presented any symptoms that might render a puerperal convulsion probable, a headache should put the nurse on her guard. Puerperal convulsions may occur before, during or after labor. The symptoms that point to them are headache, nausea, diminished urine containing albumen, puffiness of hands and face, and disturbances of vision—imperfect vision and bright flashes before the eyes. In cases where there is danger of an attack of eclampsia the doctor will give directions concerning the remedial measures that he desires the nurse to use. and it will be her duty to be constantly

on the alert for a threatened attack so that the preventive treatment may be begun in good time. Should a puerperal convulsion come on, the nearest doctor should be summoned, and the nurse should place something between the patient's teeth to prevent her biting her tongue and should watch to prevent her injuring herself. Chloroform, also ether, inhalations are used to prevent and control convulsions.

Postpartum hæmorrhage is a muchdreaded complication that sometimes occurs after parturition. The blood may come in a sudden gush or in a slow, steady flow, and is generally due to failure of the uterus to contract properly. for when the uterus fails to contract the blood vessels that have brought blood to the placenta are left open and the blood pours into the uterine cavity. Postpartum hæmorrhage is extremely alarming. and at no time is it of more importance for the nurse to retain her self-possession and so be able to act promptly and for the best interests of the patient. In some cases hæmorrhage may go on for some time before there is an alarming flow of blood from the vagina. The symptoms to be watched for are pallor, feeble pulse and coldness of extremities. In case of hæmorrhage the nurse should get some member of the family to summon the doctor and bring her whatever she may require. She should not herself leave the bedside, but should by "kneading the uterus," as it is sometimes termed, make vigorous efforts to secure contraction. The uterus is sensitive to massage, and strong pressure made upon it will generally cause it to contract. A hot douche. 120 F., may be given into cavity of

uterus, and sometimes in urgent cases it is considered advisable to carry up into the uterus with the hand a piece of gauze soaking in vinegar or a piece of ice. The presence of the hand in the uterus will often of itself be sufficient to secure contraction. Whatever means are employed, the nurse should keep one hand over the uterus and make firm pressure upon it. A dose of ergot may be given until the arrival of the doctor. The foot of the bed may be elevated to send blood back to heart and brain; brandy also may be given to revive the patient when necessary; but, until contraction of uterus has been secured, it is not perhaps often advisable to adopt any means to stimulate the heart, as the stronger the action of the heart the more blood will be forced out. Doctors differ as to the means they would desire a nurse to adopt should postpartum hæmorrhage occur in their absence, and at every private case the nurse should consult with the doctor before he leaves and know just what he desires her to do in the event of any probable emergency. For one case where a serious emergency occurs a nurse may have a dozen or more that are normal all the way through; nevertheless, the possibility of emergencies must never be lost sight of, and especially, as regards postpartum hæmorrhage, which may be very sudden in its onset, the nurse should plan ahead exactly the course she is to pursue in the event of a sudden alarm. In ordinary cases the patient is generally allowed to sit up in bed on the tenth day, and allowed to leave the bed about the fourteenth, but individual conditions are always to be taken into consideration when it comes to a question of getting up.

## Precautions for Aurses in Typhoid Fever

A. P. REED, M.D.

I F I present nothing new, I hope at least to make a valuable reiteration of things which, escaping the memory, hazard both the life of the nurse and that of the patient much more than is necessary.

So much depends on the proper disposal of the patient's discharges that great care must be taken here. The bed pan should contain at all times a pint or so of the disinfectant, being cleaned each time it is used with scalding water impregnated with the disinfecting solution, which may be a one in five hundred corrosive sublimate solution, a one in ten carbolic solution or a one in twenty aqueous formaldehyde solution.

To leave in the bed pan, probably the corrosive solution is best, since it emits no odor.

Lumps in the discharges had best be broken up with a stick that can be burned, thus enabling the disinfectant to reach it thoroughly.

In the country, discharges, after disinfection, may be buried in the ground in a previously prepared trench four feet deep by two wide, being careful that such a trench is far away from any waterway or drainage. As this trench is filled generous sprinklings of chloride of lime into it will make the disinfection more thorough and sure.

Thermometers, syringes and all things coming in contact with the patient's discharges need thorough disinfection.

Nurses should always wash their hands and dip them in a disinfecting solution after handling the patient or anything in the way of clothing or utensils that has been in contact with him.

Linen and bed clothes may be well disinfected by immersing in a one in twenty carbolic solution and then boiling for two hours.

The stools should be disinfected for ten days after the patient's temperature has become normal.

Doorknobs should be disinfected frequently.

When a patient dies insert a plug of absorbent cotton previously immersed in the carbolic solution into the rectum to prevent leakage of feces.

Disinfection is less effective where large quantities of water are used than when it is more concentrated.

Good nursing, suitable dietary, hydrotherapy and hygienic environments are bigger factors in treatment than medicine, and hence the great importance of a good nurse here as in many another place.

Good ventilation is imperative for both the patient's welfare and the safety of the attendants, two nurses in these cases being better than one.

Mattresses should be well covered with rubber sheeting, and the patient will be much better handled in emergencies on a narrow and quite high bed, which should be found if possible.

Right here I wish to say a word about managing these patients when delirious, and my remarks will apply to the delirium of many other diseases, other fevers, and pneumonia for instance, where a misapprehension of the nature of the delirium enhances the difficulty of management. Delirium of this sort seldom takes away the power to reason correctly, what really happens being the substitution of wrong for right premises to reason from, the patient being in the predicament of a person receiving false news, his perception of it being very keen, clear and vivid. Hence those who regard the patient as a lunatic pure and simple will have difficulty with him, since he is just as sensible and sensitive of an ignoring of his reasoning ability as "other folks."

So to succeed with him one must agree that his premises, however false, are right and proceed to reason with him from his own ground.

To illustrate I will cite an actual and very practical instance:

A young physician came down with typhoid fever, and while delirious he imagined that one of the nurses had murdered a child and that the body was lying on the doorstep. At midnight, while still wrought up by this delusion, he requested that an assistant be called to inquire into the matter.

The nurse treated this idea as nonsense and made excuses accordingly, which only made the patient more nervous and determined to have the matter ventilated, finally coming to believe that his nurse was an accomplice to the crime.

Thus had she lost her influence with him, and thereupon he furiously demanded that another nurse be called, who, being summoned, listened patiently to the doctor's woful tale, wherein he voiced his regret that, being flat on his back, he was unable to do a thing.

After the recital, in which this nurse seemed to take a deep interest, and showing anxiety to learn every detail, she at once agreed that a horrible crime had actually been committed, but reasoned that at the midnight hour nothing could be done, but that when daylight came the police would be notified and steps taken to thoroughly ventilate the matter.

Satisfied completely with this, the patient calmed at once, and fell asleep under the influence of a cool, wet cloth placed on the temples; yet long after his recovery he was heard to ask, "But, say, wasn't that really true?"

Dealing thus with such patients one rarely has serious trouble with them, as they might by scorning and opposing ideas that to them are "the real simon pure."

I wish also to impress upon the nurse how important it is to have such patients under constant surveillance, never for a moment leaving them absolutely alone, since one can never tell what new fancy may suddenly possess them to do something desperate to themselves or others, while for obvious reasons it is also very important to keep in another room all instruments or utensils whereby the patient might do injury.

The chief thing to remember in the management of typhoid fever as regards safety is prompt and effective disinfection of the discharges from the body of the patient. One thing is pretty well settled,—the germ must be *ingested* to be communicated, but where disinfection is imperfect this ingestion may occur through breathing infectious dust, as well as through eating or drinking.

If there is any suspicion of the drinking water, and it must be used, boil it, which will render it harmless, while suspicious milk should be brought to the boiling point before it is used.

Thus may one live in the midst of infection or infectious agencies and escape unharmed.

# The Hospital of Santa Fina of San Ginignano

EMILY J. MACDONNELL.

L UCKILY it falls to the lot of few children to feel themselves so extremely wicked that at the age of four they fasted and at eight prayed to God, with many tears, that He in His infinite mercy would send to them some great bodily affliction, and so save the temptation of further sinning.

This is what happened to the child Saint of San Ginignano. The bodily affliction came, and for five years Santa Fina di Ciardi lay upon a board five feet by two, not even leaving it for the ordinary wants of life.

She had a friend in heaven who always took the keenest interest in all that concerned his much-loved San Ginignano; so at the end of this time San Gregorio appeared in a vision, surrounded by six cherubs, all looking the embodiment of joy, and brought to her the good news that her sufferings were over, and that in eight days, his festa day, she would be with him in Paradise.

On the eighth day a host of angels appeared, and in their arms they carried Santa Fina, board and all, onward and upward; and as they swept past the fifty great towers of this feudal town one of the angels flew from one to the other and set all their bells softly ringing, and Santa Fina was received into Paradise accompanied by their music.

The flowers which Mother Nature in her ceaseless efforts to make all things beautiful had planted in the board of filth blew their little seeds on and against the great, grim towers; and in the month of March to this day are seen bright patches of yellow flowers wedged in amongst their cracks and stones, forming

exquisite bits of color against the blue Tuscan sky.

The "Spedale Della Santa rina," though dating from the twelfth century, seems to-day in fairly good working order. It receives both military and civil patients, also infectious cases. The situation is supurb, overlooking as it does the Chianti Hills, fortified towns dotted here and there along the horizon, and for a foreground a ruined chapel of the Knights of Malta. We tried our camera from one of the windows, but, alas, the old story of the defective film, and our chance was lost forever.

The custodian who showed us over the hospital appeared to be janitor, pharmacist and gardener combined. He received us with those courtly manners which seem to be inborn in the Tuscan, but, alas, not always found in other nations. The wards (and this we saw in many foreign hospitals) were lighted and ventilated from each end, and there were no windows behind the beds or down the sides. In this out-of-the-world place, with no water communication and many miles from a railway, there were entrance cards, history sheets and bedside notes.

In the female wards we saw no nurse, the patients apparently waiting on each other, but in the male ward there was an old peasant woman, with kerchief on head and petticoats to her knees, and we felt that in that hospital, if there was such a person as a "superintendent of nurses," she was spared many anxious moments and that the house staff had no temptation to waste their precious time in conversation while in the wards.

Standing in the middle of the operating room was a glass table, and beside it a surgeon in a linen duster, tall, dark, dirty; but we only saw all this through a window, as into the operating room we were not bidden.

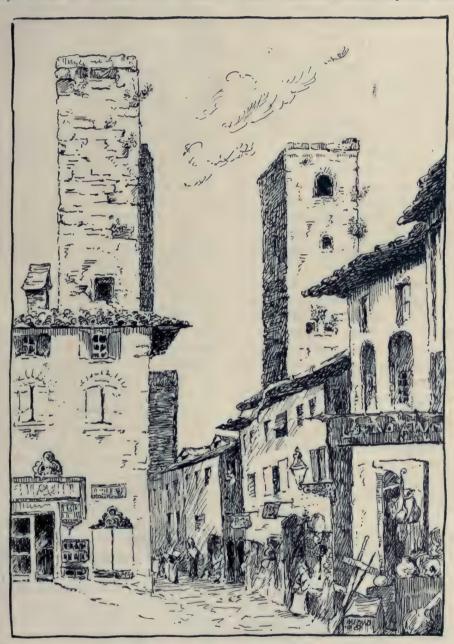
In the kitchen the midday meal was being prepared by two old women, while a man was in aother room washing dishes. Everything looked very clean. The meal consisted of macaroni "soupa" and that mysterious unknown animal fried in oil that we had met in every pension and hotel in Italy. Wine, of course, for even at our hotel wine was free and without limit, but drinking water was an extra. The meal appeared to be much appreciated, and one thought of the sufferings of the poor dago in our hospitals when he is presented with tea and toast and something nice, delicate and insipid from the diet kitchen. How he must long for his spaghetti, his soup flavored with cheese and his sour Italian wine, and the question asks itself: Do we study nationality sufficiently in our diet sheets? We are all such creatures of habit on the question of food, and have only to go abroad to find that out.

A certain number of things are common to all hospitals, but surely the pharmacy of the "Spedele Della Santa Fina" has no duplicate. One does not expect to find a pharmacy a thing of beauty, but we saw things that day we had never seen before. Some of the cases were filled with old Venetian glass, now a lost art; and in these precious phials were still the powders of centuries ago. On other shelves were vessels of exquisite Etruscan form, design and color, while others of Majolica were with that glaze that died with the family of Della Robia. Many of these latter were large enough to hold several gallons and were kept for honey, with which all drugs seem to have been blended. This can be understood in a land where honey is so delicious and plentiful and sugar about three times the price it is in America.

Evidently there are still "Placebos" and miraculous cures in San Ginignano, for from a shelf the pharmacist took down some of the seeds of Santa Fina's flowers and presented them to us. explaining that they were a cure for something, we could not quite make out what. On examination they proved to be the seeds of the little yellow wall flower that grows so freely in England. On leaving the pharmacist, who seemed to find gardening the most congenial of his numerous occupations, presented us with such nosegays as rejoiced our hearts, and we in return presented him with a "douceur," which we felt quite sure rejoiced his.

Santa Fina is a very living memory in this old town. The little urchin, with the liquid eyes of the fawn, will scale the tower in peril of his life to bring you a bunch of her flowers and tell you her story so earnestly that to doubt it would be cruel and to be what Stevenson calls "a Cockney litterer," an unpardonable vulgarity. Her name also seems a favorite one, and many children are called after her. Beside our hotel, which was a palace with a tower, a very naughty Fina had her abode. She was one who required many spankings which she never received. These Tuscans are very tender with their children, and if we except the classmate of S. Agostino, who is painted receiving a good, sound correction on those gluteal muscles which nature has so eminently fitted for such an office, we rarely find in the old masters a child depicted in any way but with love and tenderness. They are painted either at play or cuddling in their

mother's arms, often in the arms of a mediæval saint. Cats and dogs seem always to be at warfare, but children life and earth, or Ghirlandajo's pure, beautiful, flower-like face of Santa Fina? Maurice Hewlett speaks harshly



seldom, if ever. Who has seen and ever forgotten those short-necked cherabs of Fra Lippo Lippi, full of this of the child saint of Tuscany; he calls her legend "maudlin" and the child who at the age of eight "saw visions" a "precocious, macerating baggage"; her chronicler a "clot-brained hagiologist." (Query: Could any one "chronicle" with a brain clot?) He tells us that "she died at the age of fifteen, having done nothing but rot and rot."

Coarse words these for the unhappy child, the belief in whose legend certainly has done no harm. When a woman or a painter has touched her story we hear of her as the "child martyr," "the little flower saint," "the maiden of Ginignano"; and Ghirlandajo has put into her face such pathos, such soul, such beauty, that the vistitor does not leave it behind him in the old Chiesa, but carries it with him for many days; nor can he easily forget the three huge rats that gambol on and round her rotting board. Some words may be said of the inhuman mother, who, we are told, fortunately preceded her daughter out of this world into Paradise, leaving her, let us hope, in peace, and to the kind care of her faithful nurse, Belda, who, in twenty century language, seems to have suffered from a poisoned finger while doing her duty, but was miraculously cured by the

It is almost impossible for us of to-day to realize what to women this madiæval life was. In the days when San Ginignano was great and powerful the local magnates amused themselves building towers. Each one tried in strength and height to outvie his neighbor. There were fifty of these crowded into the space of a small American village, and out of the walls which surrounded these towers a woman could not go without an armed escort. To-day nineteen remain, and one wonders to whom they belong. Probably the mother of Santa Fina lived in a

palace and had a tower of her own. We are told she was of noble birth, but poor. We of this continent can hardly understand the almost worship noble birth carries with it. In the old world to this day poverty may be overcome, but the circumstances of birth rarely. This ambitious woman, to whom poverty may have been as gall and wormwood, evidently, from what we know, coveted and enjoyed the notoriety that any martyr of the holy church received in those days, and to her ambition she seems to have sacrificed her child, as many a mother of the present day is doing. Were there not in this little fortified town six hundred priests at the Duomo alone, all willing to worship at her daughter's board? If this was her ambition, who can say she was not proudly successful?

Most of us will be soon forgotten, a few may be remembered for perhaps a century. Santa Fina died in the twelfth century, and we are now in the twentieth. The whole community of San Ginignano speak of the "flower saint," and there is still a flourishing hospital to her memory.

In that old Chiesa of San Ginignano, where Dante worshipped and Savonarola first thundered forth his message to his church, there is a full-length painting on the wall. It is of Santa Fina, with San Ginignano beside her. In his arms he holds the town, fifty towers and all. Beside him a tall, slender woman stands, a halo surrounds her head of heavenly beauty. She wears a gown and flowing cloak, of form and color that would delight the heart of any woman; with one hand she clasps her cloak and in the other holds a bunch of the little yellow flowers of Santa Fina.

# Extracts from the Journal of a Pupil Aurse

NOTHER year has passed. I am no longer subject to outside calls, but privileged to sleep peacefully the whole night through undisturbed by calls of, "Nurse." Looking back over the past six months. I think of the varied experiences I have had in consequence of the rule existing here which requires us to go during a portion of our term wherever sent to nurse in private families. I am glad that it has been required of me, because I feel that I have had experience that no amount of hospital duty could teach. I have, too, made many new friends, received praise, compliments and heartfelt thanks from grateful patients and their grateful friends—sometimes, but sometimes also I haven't. What an insight into the private affairs of families is given the nurse. I am a very safe repository for family secrets, for, unless they are distinctly startling, I soon forget them. Even secrets lose their interest when they become numerous enough to crowd each other in the head that holds them. I have, among other things, discovered that the position of a private nurse is not less trying physically than that of the nurse on hospital duty. I know that there are people who think that for a nurse to speak of her work in relation to its demands upon herself is for her to show a selfish disposition. If those good people should ever find themselves in a position wherein they are compelled to remain in a sick room day and night, night and day, for weeks at a time, in charge of a patient whose condition requires such constant attention that for them to feel that they must soon drop from sheer bodily exhaustion is not un-

usual, and where they get no sleep except such fitful snatches as may be obtained lying upon an uncomfortable sofa—sleep that is only half sleep, for through it all the sleeper is conscious of heavy responsibility and keenly sensitive to any whisper or movement from the patient—if they should have a few experiences of this kind they will be very apt, in spite of their enthusiasm for the noble work of caring for the afflicted, to occasionally consider it in relation to its physical demands upon themselves.

\* \* \* \* \* \* \*

To be a head nurse, to reside in the head nurses' quarters, Paradise Square. to take your meals at the exclusive round table, to wear a black velvet band on your cap, to give orders to other nurses instead of receiving them, to be looked up to by envious juniors, to be regarded as the embodiment of wisdom and skill, to be, in short, the august oracle of the flat-oh, the joy of it. But (horrid word that) it has its drawbacks, too. Increased power and dignity has brought, as I suppose it ever must, increased responsibility and new trials. Probationers, for instance, I sometimes find a sore trial in my new position. It is astonishing how very wearing on one's nerves and temper these same voung women can be. I often wonder at the incredible ignorance and stupidity displayed by probationers under me. \* \* \* 1 have been looking over the early entries in this journal made when I was a probationer. I do not feel inclined to deal more fully at present with the shortcomings of my own probationers.

and the state of the

Few and far between are the records that go down in my journal now. There seems to be such a sameness about the days as they glide by-the same coming and going of patients, the same round of duties, the same frightful accident cases brought in by the ambulance, the same rush of distracted relatives, the same sorrowful scenes, the same rejoicings upon recovery, the same lamentations after death. The same? Perhaps to us who see it constantly, but I must remember that it is far, very far, from appearing the same to the different people to whom these daily happenings mean so much, to whom they mean sunshine or shadow, life or death. I must strive to bear this in mind, that I may never lose the power to sympathize; that I may ever be capable of being moved to special sympathy by the special circumstances that surround individual cases.

I think of the time, drawing near at last, when my labors in St. Andrew's Hospital shall be over. I wonder what life will seem like to me when it is no longer filled with the daily sight of suffering, no longer absorbed by the trials and sorrows of strangers. It seems such a long time since I lived any other.

To-day I overheard a probationer remark that it was perfectly horrible to see the "cool, unfeeling way in which that head nurse, Miss Ballantyne, handles those awful bones." My final examination is pretty well filling my horizon those days, and I was merely studying the skeleton when she made the remark. However, I was not angry. If I remember rightly, I used to have a little prejudice against specimens myself.

It is past and lover, my connection with St. Andrew's Hospital. I am a fully fledged trained nurse at last. Graduation exercises took place last night—the usual thing: excitement, decorations, crowds, presentations, flowers, speeches, glorified young women, congratulations, refreshments, good-byes. The usual thing, but somehow to us, who were for once the centre of interest, it seemed vastly different from former graduations.

\* \* \* \* \* \* \*

Three years, years that have sometimes seemed long in the passing, but that now seem to have been short enough when, on the point of severing forever my connection with St. Andrew's Hospital, I look back upon them. Years of hard work, years that have not been without trials and hardships, but, on the whole, three very happy, as well as very busy years. I am glad to have finished my course and have graduated. I am immensely proud of my diploma, particularly proud of the big red seal on it, and positively conceited over the possession of the small gold cross that proclaims Hazel Ballantyne to be a graduate of St. Andrew's Hospital; still there is a little sadness mixed with it all in the thought that my life as a pupil nurse is a thing of the past. It is hard to part with the friends I have made here. We who graduated last night will soon be scattered far and wide. Closely associated for three years-all feel the wrench of parting. Some of us may often meet in the future, but it is scarcely probable that we will all meet together again. The ties of many friendships formed here will never be wholly severed while life lasts, but the daily companionship of congenial spirits that gives to hospital life one of its chiefest charms is something that the graduate cannot take away with her. And the patients, too. There are many patients whom we are loathe to leave. But we are accustomed to parting with our patients. A sick person, a stranger, comes into the hospital, all a nurse's skill and care and energies are devoted to save that stranger's life for a few days or a few weeks the sick one is always in her thoughts, her chief care, but recovery comes and the convalescent passes out, and so generally passes

also beyond the further knowledge of the nurse.

\* \* \* \* \* \* \*

And this is my last night in Paradise Square, my last night in the Nurses' Home. To-morrow I bid good-bye to my life of the past three years and return, not without gladness withal, to my village home, a girl much wiser in many respects than the one who left it three years ago. And now, with mingled feelings, I close the record of my hospital experiences and sign myself,

HAZEL BALLANTYNE, Trained Nurse.

## The Calvinist

T. D. PENDLETON.

In the operating room of the foundling hospital, MacDonald, coatless, dripping from sheer muscle strain, unclamped the hideous steel thing that held open the baby's mouth, and laid the child on the table. Intubation, the court of last resort in membranous croup, is even with competent help, a delicate work, calling for steady hand and cool, quick brain. How he had accomplished it alone MacDonald did not know; but it was done, and already the child breathed easily. The nurse was on her knees, her face to the wall.

She presently rose, lifted the sobbing child to her breast, and faced MacDonald. The mother-light in her eyes dominated her beauty. The truth had come to MacDonald when she failed him at the crux of the operation; he had seen her in the operating room a score of times before, always the cool, dependable, perfect assistant; but she could not look on this child's agony. It was her own—and he,

John MacDonald, loved her, God help him! She walked back and forth, the length of the room, soothing the child in her arms. He turned and looked out of the window at the bare, ugly wall of the opposite building.

A year ago he put his name on the visiting list of this home for homeless babies because he particularly disliked inis aftermath of human the work. frailty in its unlovely environment awoke in him pity not unmixed with soul nausea. Through his university years at Paris and Vienna, he kept the mind of his forbears. In the Scotch village of his birth, a woman was either pure or the other thing; there was no compromise. His grandfather turned from his church a girl of sixteen-to be sure, when she was found in the river with her child, all his world heard his prayer for her soul; yet none but himself and the undertaker knew that he found the money for the burial in his own scant purse. None but his God knew the struggle it cost him to turn her from his church, to do right (according to his light), despite the protest of his heart.

Now, after ten years of America, yet lingered in MacDonald the tradition of his religion that called the doing of the things he hated duty. Therefore he gave himself, Tuesdays and Saturdays, to the foundling hospital. Faithful, unspaining of time, he caught many a mite drifting to Lethe, and gave back to it its doubtful privilege of struggle with its fellows toward the stars.

Then into the dreary arena of his martyrdom entered the girl. A probation nurse at first, she rapidly made her self indispensable. From the first, she compelled him; not alone by her beauty, or mental poise, but by a subtle human quality of her work; she was as perfect as a machine, yet not a machine.

How early he loved her he never knew, months before he told her. Then, when he did tell her, she refused him, positively; she could not give up her work. Besides she did not love him—but she looked away from his eyes when she spoke, and he was content to wait. He had waited for six months, waited for this,

As she came toward the window, Mac-Donald, with a sudden grip on himself, turned and faced her. She stopped; she was a tall girl, and her eyes were nearly on a level with his own. The child had ceased whimpering, but she still held the curly head close to her breast. Her voice was steady as she spoke:

"I am glad you know." Of course, now I shall go away an I take him. It will be hard to find a situation where I can keep him with me, but I shall seek one."

John MacDonald, Calvinist of Calvinists, saw the girl enveloped in a scarlet mist, the emblem of her shame clasped proudly, triumphantly, to her bosom. He stretched out his hand:

"You will not seek a situation; as my wife, you can keep your child with you always."

The girl's look was of incomprehen sion, terror, almost; then a red flag flew in her cheek:

"John MacDonald, did you think?—Yes; I believe you did, you dared to think"——She turned away from him, then after a little, faced him again and went on:

"This is my brother's child; he died before he made reparation; the mother died in childbirth. My uncle-guardian refused to allow me to take the child; he never approved of even my Settlement work. He hushed it up, and sent the child here to a distant city. I found it out and followed to do what I could. 1 have no money until I am of age. see now it was quixotic, all a horrible mistake. I grew to love the boy, and to day I could not see him suffer; and you thought he was mine." Slowly the red faded in her cheek; and when, at last, she lifted her eyes to him, he saw in them "the light that never was on lan l or sea"-

"You thought that, John MacDonald, you thought the child was mine, and yet you wanted me"——

The boy was asleep now, he did not see the Calvinist enter on his reward for martyrdom, a bit of twentieth century miracle, surely, since his forbears rarely reaped theirs until they were old and toothless, and, worst of all, dead.

## Practical Points

CONTRIBUTED BY OUR SUBSCRIBERS.

TO fill small bottle, take a toothpick or sharpened match; moisten, lay across top of bottle the fluid is in; hold in place with forefinger and pour as usual. The fluid will run down the bit of wood into the small viāl. This also will apply in filling fountain pens.

An easy and quick way to remove a label from any sort of bottle is to fill with warm water. The heat softens the glue and the label will pull off instantly.

To disinfect and clean stained bedpans, urinals, bowls, etc., moisten a handful of chloride of lime, spread over the surface, let stand a few hours, then scrub well.

How to give a douche without a bedpan or douche-pan when the patient must not be moved off her back was taught by a country doctor in this way. The nurse was instructed to secure an ordinary agate iron washbasin, to raise the patient's hips by a cushion made of a couple of bed quilts folded and placed on top of each other. By a careful placing of these cushions the basin was inserted so as to catch the flow, and the douche was given with just as good results as though the best douche-pan on the market had been used. Every nurse should carry with her a rubber sheet, and out of this an improvised Kelly pad may quickly be made by rolling into one edge several layers of newspapers folded. and pinning the sides together near the bottom.

When called to an obstetrical case in a hurry and you find no rubber sheet, take

the oil cloth off the wash tubs or kitchen table, cover with newspapers and you will find your bed will not be soiled.

In taking rectal temperature of a baby, dip your small finger in sweet oil, insert in rectum slowly, then try the thermometer. You will find it will not hurt and baby will not cry.

When hot cloths are needed, put clothes in a steamer and avoid necessity of wringing.

To make a screen to protect your patient from draught, tack or hang up a sheet across the window.

When a squeak in the door annoys your patient, rub vaseline or sweet oil on the hinges.

When you do not wish to use ice in drinking water, or when ice is not to be had, the water can be kept cool by covering the jug or water bottle with a wet cloth. The cloth must not be allowed to dry out.

"Acute rhinitis is, in my opinion, a contagious disease, communicable from one person to another. Since it may be such a serious and dangerous disease in infancy, babies should be kept away from adults and older children suffering from 'colds' almost as carefully as from those with the eruptive diseases. Fresh air, either in the house or out of doors, does not cause rhinitis, but is, next to the avoidance of exposure to other cases, the best preventive."—Dr. John Lovett Morse, in Detroit Medical Journal.

# The Diet Kitchen

### Eggs and Egg Cookery

ROSE R. GROSVENOR,

Past Diet Matron, Iowa Soldiers' Home Hospital.

EGGS, next to milk, have long been recognized as the most valuable form of food for use in invalid dietetics, being largely composed of albumen and belonging as they do to the protein group of foods, they contain most of the elements necessary for the growth, and repair of the body and are frequently prescribed in abundance both raw and cooked, when it is desirable to supply a nutritious and easily assimilated diet.

According to reports on the value of the egg as a food, as given out by Dr. Langworthy, Chief of Nutrition Investigations, at the U.S. Experiment Stations, Washington, D. C., the edible portion of a whole egg contains, water 73.7%, protein 13.4%, fats 10.5%, ash or saline matter 1.10%. Of this the yolk contains, water 49.5%, protein 15.7%, fat 33.3%, ash 1.1%. The white, water 86.2%, protein 12.3%, fat 2%, ash 6%, showing conclusively that eggs are rich in nitrogenous and fatty matter, and therefore, are nearly a perfect food, which can be used alone, but, on account of their highly concentrated form, are considered to be better assimilated and more healthful when associated with milk or other liquids and starchy foods, such as bread, cereals, potatoes, etc.

As the amount of nutriment taken up and distributed by the digestive system depends upon the method of cooking and the activity of the digestive fluids, every nurse should be familiar with the effect of heat upon albumen, and the correct preparation of albuminous foods.

Practical experiments have determined that the white of egg will slightly coagulate by heat at a temperature of 134 deg. F., and when cooked at that temperature, both white and yolk, will be quite soft and easily digested. If the heat is increased to 160 deg. F., the yolk will be somewhat thicker, the white opaque and firm, but still tender and easily digested. At 212 deg. F., the temperature of boiling water, it loses its jelly-like consistency, contracts, and becomes tough. This condition explains the curdling of custards, shrinkage and toughening of omelets and similar mixtures when over cooked. The firm coagulation of albumen at this stage also explains the use of egg white for clarifying coffee and soup. The albumen, which is mixed with the liquid before boiling coagulates, and incloses the floating particles, leaving the liquor clear. Should the temperature be raised above 212 deg. F., the toughness increases until at 300 deg. F., it becomes a hard, indigestible mass.

From these statements it will at once be seen that the proper cooking temperature of eggs is not that of boiling water, but 52 deg. lower, or 160 deg. F., an egg subjected to that temperature for a sufficient time to allow the heat to act upon all portions of it, will be tender, delicate, palatable and nutritious.

The methods of serving eggs either separately or in combination with other food materials are very numerous, but the forms to be recommended as especially suitable for the sick are raw, soft and medium hard-cooked, poached, scrambled and the delicate, omelet and custard mixtures. \_\_\_e raw egg ranks first in the matter of digestion and thorough assimilation, and when served in eggnogs and with wine or fruit juices, is particularly desirable as a food in cases of severe illness where there is faulty nutrition and great loss of vitality. A soft boiled egg to be ideally cooked should be placed in a sauce pan of boiling water, covered, and set aside where it will keep hot, but not boil, for ten minutes, this length of time being required for the heat to penetrate the center of the egg and cook it to a palatable consistency. If the egg is desired medium hard cooked, allow it to remain in the water from twelve to fifteen minutes.

When an egg is to be hard cooked it should be placed in boiling water in a double boiler and the temperature of the water in the outer vessel maintained at 180 deg. F. to 190 deg. F. for thirty to forty-five minutes, when the yolk will be dry and mealy and the white solid, yet tender. A delicate poached egg is easily produced by gently breaking it into a sauce pan containing salted boiling water sufficient to cover, then drawing the pan to one side and letting the egg cook without boiling, until the white is coagulated and the yolk covered with a thin white film. Time required, two or three min-When done, lift the egg on a skimmer, season to taste, and serve on nicely browned toast.

Soft custards are best prepared in a water bath over a slow fire by using a double boiler or a basin set inside another containing boiling water the mixture requiring constant stirring while cooking, to prevent curdling; as soon as it thickens to a smooth creamy consistency it is done. To make a dainty baked cus-

tard, pour the well mixed ingredients into small moulds or cups, set in a deep basin and pour boiling water around them until it almost reaches their tops, then bake in a hot oven twenty-five minutes.

Baked in this manner, the temperature cannot rise higher than 212 deg. F., consequently there is less danger of toughening the albumen in the exposed portion before the center is well cooked. By the use of different extracts, spices, chocolate, cocoanut, etc., many changes may be made which will lend variation to the usual plain custard.

### SWISS EGGS.

Heat a granite pan and in it melt one tablespoonful of butter. Add one-half cupful cream and break into it your eggs, each one separately. Season with salt, pepper and little cayenne; when the whites are nearly set, sprinkle with grated cheese. Cook three minutes more and serve on buttered toast.

### EGG PUFFS.

Beat the white of one egg in a glass until it will bear the yolk on top. Place on it a piece of butter, a little salt and pepper, and put the glass in a double boiler and poach the egg. It must be served in the glass, and makes a very attractive dish.

#### EGG DESSERT.

Heat one and one-half pints of milk to boiling point. Meantime beat the whites of two eggs stiff, slide these carefully into the hot milk—breaking as little as possible—and with a spoon throw the milk over them, cooking but a few seconds. Then remove with a skimmer into a dinner plate. Let the milk get hot again, sweeten to taste, flavor with a teaspoonful lemon extract, add the well beaten yolks and cook five minutes. Pour into fancy dish, cool, and put the whites on top and serve.

# Editorially Speaking

### The Reason for Divisions

An English nursing journal recently referred to the "divided camps" that exist in America as regards nursing matters. The writer speaks of the "fairly strong party" which supports the new (?) movement for a two-year nursing course as apparently opposed to nursing reform.

The nursing conditions in Great Britain differ in so many respects from those in our own land that it is difficult for one living in one country to thoroughly understand the general situation as regards "divided camps" in the other country. There is apparently but one American correspondent to English journals and that one is hardly in a position to state both sides of the question, or give a comprehensive or impartial view of American nursing affairs. Even if ali the members of the Associated Alumnae agreed with the American correspondent to English journals, and held her view of the situation (which is far from being the case), the nurses represented in that organization are only about one in every ten of American nurses.

This English writer states that those who are supporting the two-year movement seem "conscientiously to believe that nurses are being over-educated," and that these supporters are influenced by the shortage of probationers and "the seeming failure of the course in Hospital Economics at Columbia University, which so far so few nurses have entered."

There may be a few people afraid of

nurses being over-educated or knowing too much, but these people are not representative people interested in hospitals and nurses. The great majority of as have protested, not because we believed nurses were being over-educated, but be cause they were being wrongly trained; because they were being obliged to study a great deal of matter that has no more relation to nursing than nursing has to agriculture or shipbuilding. We have protested because the art of nursing, the real, thorough training in practical methods, is being sacrificed to supposedly high theoretical ideals. We would be glad to know that every nurse was continuing her studies in special branches and growing in theoretical knowledge as well as in experience from year to year throughout her whole nursing career. We are not afraid of any nurse ever knowing too much. But there is a limit to what a hospital can teach properly in either two years or three years. There is a very decided limit to the amount of study a nurse in training can do. The multiplication of classes and lectures. which amounts in some schools to hundreds in a year, has resulted in superficial training all the way through. Even the most ardent supporters of the long term of training admit this condition, and constantly call attention to the excess of radical instruction and the lack of thoroughness in practical methods, though they are in large measure responsible for starting the fad, under the caption of "higher education." The simple fact is that in many schools so many lectures

are planned for, so much is attempted, that nothing is done well.

We are not opposing real reform, but we want to be sure that what is called reform in training school methods is the real thing. It is quite plain from the candid statements of the "reformers" themselves that they have been sincerely mistaken, and the results prove it.

Many physicians and disinterested people several years ago prophesied just the shortage of probationers that has embarrassed so many hospitals for the past couple of years, as the result of impractical theories and impossible standards. The pendulum swung out too far, much farther than our general educational conditions in America warrant, but we are gradually getting back nearer a safe middle ground. As an instance of how the thing works out, look at the following: The fad for higher education and collegiate methods in hospital schools led a number of prominent schools a few years ago to attempt to charge a tuition fee. The "reformers" advocated it. One school set the fashion; others soon followed. One after another these large schools have had quietly to retrace their supposed advance step, for the simple reason that the sensible, practical young women of America will not pay a tuition fee and give their work for two or three years besides. This is only one instance among many that might be quoted to show that experimenting with fads in hospital schools in this country is risky business.

There has been, in spite of adverse conditions, a healthy growth and improvement manifest in many schools, but the tendency has been to run to extremes and to impose on hospitals and pupil nurses unduly heavy burdens. As a writer in this magazine stated not long

ago, "the only objection one could have to a great many theories that have been advanced is that "we have not yet reached the Utopian stage of civilization when it is wise to attempt to carry them out." "We have been rushing ahead too fast," says another writer, and it is all true.

The "seeming failure of the course in Hospital Economics," which our English commentor mentions, has had nothing to do with our attitude toward nursing education. The course is improving, but the cost is prohibitive to the rank and file of nurses, and there is still in it too little practical training as compared with theoretical teaching. That course is not likely (so long as the cost remains at six hundred dollars a year.) to play any important part in improving methods of training. The vast majority of nurses will have to enter hospital work without such training, as they have done in the past.

Without doubt, the next five years will see a process of readjustment. In fact, it has already begun, and the training school will find what its responsibility is, and build on a more solid foundation than it ever has in the past. In the future, as in all our past experience, we shall endeavor to be fair to all concerned, and to preserve the balance in educational matters and nursing affairs.

### The Value of Independent Thought

THE question is constantly being asked why nurses are so seemingly disinclined to independent thought and action, usually preferring to follow blindly, rather than to ask the why or wherefore. Of this, one nurse says: "We have amiably followed a few leaders. Another states: "Many nurses take up certain theories because they consider them fash ionable. The one in the lead advances

them and goes over the fence and the others go over like sheep after her, irrespective of where the theories will land them."

In the March, 1908, number of the "Charlotte Medical Journal," Dr. H. C. Buck gives advice to young men just entering the medical profession, which is equally applicable to nurses. We wish we could put this advice before every nurse in the country, and we hope those nurses who have been like "dumb driven cattle," will take heed to these words of wisdom:

"To the young men in the profession, those who are at the beginning of life's journey, while I am now near its close, I would say:

"Be not like dumb driven cattle."

Be men, think, judge, act for yourself, cultivate a habit of independent thought and investigation, guided but not controlled by the study and investigation of the learned men of the profession, jealously preserve and protect your independence, be ever open and ready to receive knowledge regardless as to the source of such knowledge; many valuable truths have come from very humble sources. Take for your motto the words of Thomas a Kempis, who said, 'mark not who said this or that, but mark the words spoken.' Into your keeping, sooner or later will rest the honor and integrity of our noble profession; make yourselves worthy of the trust, no man can carry your burden. On your shoulders alone it must rest and you alone will be held accountable to God and your fellow man for the life you lead. Rest assured you will find it the part of wisdom to think for yourselves. Study closely the different theories advanced and judge them or their merit not on the merit or reputation of the man who advances them."

### The Affiliation of Hospitals

In the March, 1907, number of The Trained Nurse we find the following editorial statement: "Take the affiliation of the smaller hospitals and training schools, for instance. Economic conditions peculiar to hospitals and the idiosyncrasies of human nature combine to make this a chimera, an impossible creation of the imagination. In a few individual instances it may be successful. perhaps in the neighborhood of large cities, but in the stronghold of the smaller hospitals, the country districts, the likelihood of any such system being ever placed on a practical working basis is most remote."

The opinions then expressed are upheld and strengthened by "An Observer," in the article, "The Question of Affiliation of Training Schools from the Small Hospital Standpoint," presented in this number.

## Associated Alumnae Report

We deem ourselves fortunate in being able to present to our readers a report of the meeting of the Associated Alumnae at so early a date. As our correspondent labored under great difficulties in preparing and rushing the report off to us in time for this number we crave indulgence for any trifling mistake which may appear. The social features of the Convention will be taken up in next number.

## The Navy Bill

THE Navy Bill, among other provisions creating a Navy Nurse Corps, is ready and only wants the President's signature. There seems little doubt that we will have trained nurses in the Navy very soon.

## In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### The Associated Alumnae.

The eleventh annual convention of the Nurses' Associated Alumnae of the United States was called to order by the president, Miss Anne Damer, Tuesday, May 5, 2:15 P. M., in San Francisco, Cal. Prayer was offered by Rev. Bradford Leavitt, and an address of welcome given by Dr. Edward R. Taylor, Mayor of San Francisco. Dr. Taylor contrasted the gathering of the warships and the gathering of the nurses, the one in the interests of war, meaning peace; the other in the interests of peace, meaning peace, in the great sense of relief, healing and assistance.

Dr. Taylor spoke briefly of the progress in the training of nurses as being coincident with and an important complement of the advance in surgery, saying that nursing when it meant educated, intelligent, professional care was often more than the proverbial "half the battle."

Dr. Helen Parker Criswell, president of the California State Nurses' Association, gave in behalf of that organization a most cordial welcome to the convention. The convention, she said, was unique in three ways—the first convention of nurses to be held on the Pacific Coast, the first national convention to be held in the new San Francisco, and in being a convention of a profession for women which had public approval.

Four problems stand out for the convention to solve, said Dr. Criswell:

How can the nurse best serve the public? How care for the poor? How enlist wealth to help humanity? How elevate the standards of the profession?

Mrs. Charles D. Lockwood, of Los Angeles, Cal., extended the welcome of the Southern California nurses to the nurses of the East, West, North and South, and responses from each section were made by Mrs. C. V. Twiss, New York, N. Y.; Mrs. E. G. Fournier, Fort

Wayne, Ind.; Miss Grace Holmes, St. Paul, Minn., and Mrs. Frederic Tice, Chicago, Ill.

The address of the president, Miss Anne R. Damer, gave a brief review of the growth and development of the nursing profession, and of the purport of the Associated Alumnae, which, together with the Superintendents' Society, forms the American Federation of Nurses, and stands for the development of nursing education and the elevation of the profession, by means of properly regulated State registration.

Some of the most important work of the association as outlined by Miss Damer is:

First—To promote ethical relations with physicians, public and fellow members.

Second—To provide better instruction for pupil nurses, and to this end to complete the endowment of and perfect the course in hospital economics at Columbia.

Third—To consider the position of the nurse as a factor in public health problems.

Fourth—To realize as individuals and as societies the scope and importance of these duties and avoid the petty jealousies that stand in the way of their realization.

A three years' course, a high educational standard, affiliation of training schools and a thorough realization of the importance of our calling are all desiderata to this end.

The announcement was made that owing to the desire of many to take part in the demonstration of welcome to the fleet on Wednesday afternoon, some of that session's work would be taken up.

"The Opportunity of the Nurse in Public Health Problems," written by Miss Ellen S. La Motte, R. N., of Baltimore, Md., was read by Mrs. C. V. Twise, of New York. "Social Service in Hospital Wards," by Miss M. E. Wadleigh, of Bellevue, with an outline chart and descriptions of methods employed, were given.

Adjournment

Wednesday, May 6.—Convention called to order 9:15 A. M. Roll call for societies represented. Secretary's report, Miss Katherine De Witt, read and accepted. Treasurer's report, Miss Anna Davids, read and accepted. Letter read from Miss Adelaide Nutting in appreciation of the work done for the hospital economics course by the Associated Alumnae, with the suggestion that each alumna now make an annual pledge.

Letter from International Secretary Miss L. L. Dock inviting the A. A. to attend the International Conference of Nurses, date and place to be decided later. Invitation from the Portland, Ore., Visiting Nurses' Association to all delegates passing through that city to accept the hospitality of their organization. Invitation from the Bellevue A. A. to hold the next annual convention in New York. Invitation from the nurses, the Commercial Club, the Mayor of Minneapolis and Governor Johnson of Minnesota to hold the next annual convention in the Twin Cities. Invitation from the Pasadena Nurses' Club to all delegates passing through their city to be entertained there.

Committees' reports:

Eligibility.—Eleven applications received and considered. The committee recommended the admission of one school giving in its three-year course one case outside the hospital. Hot discussion was provoked thereby, the consensus of opinion being that it was most unwise to establish a precedent that would inevitably become the entering wedge to more cases. Matter was referred to the Board of Directors by motion of Miss Sly.

Public Health.—Miss Lena Rogers, chairman. No especial work to report. Lack of time, long distance, etc., prevented co-operation of committee. Greatest advance in school work.

Mrs. Carr and Mrs. Tice were appointed to this committee, the Board of Directors to supplement the work when requisite.

Hospital Economics.—Miss Agnes B. Deans, chairman, reports a fulfilment of pledges to the amount of \$3,172.00. Committee instructed to carry on the collection of funds. Miss Nutting, Miss Samuels and Miss Davids appointed a committee for the investment of the fund.

Recommendation made that all contributions be sent to Miss Adelaide Nutting, Teachers' College, Columbia University, of New York. Committee on National Relief Fund for Nurses, Miss M. E. P. Davis, chairman.

This report outlined several courses as possible, asking for suggestions as to just what was wanted. A confused discussion followed, in which a lack of businesslike understanding was most prominent. The matter was referred back to the committee for further investigation and report at next meeting.

Papers:

"Some Phases of School Nursing," by Miss Lina S. Rogers, R. N., of New York City, read by Miss Kruger, of Detroit. "The Newer Nursing Treatment of Tuberculosis," by Miss Martha Fortune, R. N., Baltimore, Md.; read by Mrs. Ford.

Adjournment.

Wednesday, May 6, 8 P. M.—Call to order. Report of Committee on Almshouse Nursing, Miss L. L. Dock, chairman; read by Miss Fischer. Committees have been formed in nincteen States to initiate investigation and reform in almshouse nursing; instruction and blanks have been supplied. Difficulty in finding workers.

Paper—"Almshouse Reform Work in Michigan," by Mrs. Lupinsky;" read by Miss Sly Reports from a few States concerning alms house conditions.

Paper—"The Training School Curriculum; What Is Being Taught and Why," Miss Mary S. Gilmore, late Superintendent New York City Training Schools; read by Miss Ronmel.

Paper—"Visiting Nurse Work as Part of the Curriculum," by Miss Margaret Bewley, R. N., Presbyterian Hospital, New York. Discussion led by Miss Rebecca Toupet, Nurses' Settlement, New York.

Paper—"Nursing of the Insane as a Part of the Three Years' course," by Miss Mary E. May, R.N., Rochester, N. Y.; read by Miss Bena Henderson.

Paper—"Duty of Training Schools in Preparing Nurses for Anti-Tuberculous Work," by Miss Ellen La Motte. Discussion by Mrs.

Paper—"Home Life of the Pupil Nurse," by Miss L. L. Goold, Tacoma, Washington.

Adjournment.

Convention called to order Thursday, May 7th, 9:30 P. M.

Committee reports:

Providing Professional Care for People

of Moderate Means, Miss McEchney, chair man. Committee did not get together. No data collected or work done.

Committee on Amendment of By-Laws reported in favor of amending Art. VII. of By-Laws of Nurses' Associated Alumnæ to read "A State, County or City organization" instead of "A State organization" as at present. Recommendation of committee adopted.

It was announced that Miss Lucy B. Fisher, of San Francisco, had been unable, through illness, to prepare the paper on Red Cross Work

A committee of five, Mrs. Robb, Miss Nevins and Miss Maxwell, of the Superintendents' Society, and Misses Damer and Dewey, of the Associated Alumnae, was appointed to look into the matter of Red Cross Nursing and joining The National Red Cross Society:

Paper: "The Nurse's Responsibility to her State and Local Organizations," by Miss Mary Cloud Bean, R. N., Baltimore, Md., read by Miss Sarah Parsons. Discussion led by Miss Gotea Dozier, San Francisco.

Miss Sly exhibited a registration chart compiled by Miss Daniels. It was a tabulated synopsis of the salient features of the Registration laws in the several States, and delegates were requested to correct mistakes and complete deficiencies.

Question box in charge of Miss Cooke, of San Francisco: How to disinfect typhoid excreta, how to deal with a private duty nurse who talks in public of her patient's condition and affairs, and the desirability of a nurse representative at medical meetings were discussed.

Afternoon session, Thursday P. M.

Discussion of the work of the nurse in the anti-tuberculosis campaign was led by Mrs. Poddinger, of Los Angeles. She presented the subject of the great burden thrust upon Southern California by the practice of sending there tuberculosis cases who, beyond help, without means, homesick and lonesome, were worse off, with less chance of betterment than in their home environment. Much had to be done for their relief and it was a burden too great to be borne. In pursuance of this account, a committee of three was formed to draft resolutions to be presented at the International Anti-tuberculosis Council at its meeting in Washington that Eastern physicians be

asked to discontinue this practice. The resolution submitted by the committee was adopted and delegates recommended to present the plan to their local organizations.

Paper: "Psychology and Nursing," by Miss Grace O. Bryan, Baltimore, Md. Discussion led by Miss Margaret Peppoon, of Pasadena.

Paper: "The Newer Methods of Medical Nursing," by Miss Grace Arnold Knight, R. N., New York.

Paper: "The Newer Methods of Surgical Nursing," by Miss Anna Jamme, R. N., Rochester, Minn. Read by Miss Linberg.

Discussion was general, and, while of interest, was rather out of the nurses' province and in the physicians' and surgeons' rightful domain.

A resolution was introduced for consideration and the society asked to adopt it. While diplomatically worded regarding the "enfranchisement of women and her rightful voice in government," its effect was a resolution in favor of woman suffrage. Dr. Helen Parker Creswell at once moved its adoption, and a hot debate followed. The motion was lost.

Adjournment.

Friday session opened 9:35 A. M. Discussion of report of Almshouse Committee.

Voted that same committee be retained and chairman thereof be empowered to reorganize the committee.

Discussion of a delegate to International Council of Nurses, 1908. Action deferred to next annual meeting.

Report of Interstate Secretary, Miss Sarah E. Sly.

A brief account of the progress and present status of registration in the sixteen States where it is in force.

The problems of State work are: What work to do after registration is secured; how to secure interest; how to secure affiliation. Report accepted.

Voted that the Associated Alumnæ join, as a body, the Anti-Tuberculosis League.

Beport of Committee on Acquiring Journal Stock: Associated Alumne now holds at shares, 51 shares necessary to control. The 30 shares necessary to secure control can be bought at par. The committee recommends that directors be empowered to purchase controlling shares and to issue notes in payment from one to five years at 3 per cent. Recom-

mendation of committee adopted after long discussion.

Paper, "Effect of Registration on the Profession and on the Individual," by Miss Sarah E. Parsons, president Maryland State Association. Discussion, Miss Francis Jones, Virginia.

Paper, "Problems and Difficulties of State Examining Boards," by Miss Jane Hitchcock, R. N., secretary New York Board of Examiners. Discussion, Mrs. E. Baldwin Lockwood, Connecticut.

#### FRIDAY, P. M.

General discussion on Interstate matters.

Paper, "Nurses' Clubs and Directories Under State Associations," by Miss Caroline Van Blarcom, California read by Mrs. Foster. Discussion, Miss Grace Holmes, St. Paul.

Paper, "Progress of Registration in Foreign Lands," by Miss L. L. Dock; read by Miss MacCarthy.

Voted: to accept the invitation of Minnesota's Twin Cities to hold the next annual convention there.

Voted: the date of the next convention to be decided by the Board of Directors.

Report of the Committee on Resolutions. Resolutions were submitted as follows: Appreciation and thanks to the nurses of California. Mayor Taylor of San Francisco, the Rev. Bradford Leavitt, for their hearty welcome to the Coast, and to the press for its recognition and notice; to nurses in the cities along the route of "The Official Party," and to the nurses of southern California for their invitations to be entertained there. Resolutions accepted.

Nominating Committee for 1909 appointed as follows: By the chair, Dr. Helen Parker, Criswell, Cal.; Miss Grace Holmes, Minnesota. From the floor, Miss Lenberg, Pennsylvania; Miss Henderson, Illinois; Miss Graham, New York.

Question Box (in charge of Miss Cooke): A large number of questions were hurriedly passed over without especial discussion or result.

Announced: That last year's recommendation that all delegates report to their societies the desirability of obtaining one Alumnæ member on each Training School Board was practically without result.

Miss Barnard, the only charter member of

the Associated Alumnæ present, gave, at the request of the president, a brief address from the platform.

Announcement of election returns:

165 votes cast.

For President—Miss Damer, 136; Miss West, 29.

First Vice-President—Miss G. Cooke, 147; Miss Russell, 18.

Second Vice-President—Miss Cabaniss, 102; Mrs. Downing, 63.

Secretary—Miss Sly, 116; Miss Moyer, 49. Treasurer—Miss Davids, 81; Mrs. Tice, 75; illegal, 9.

Directors—Miss A. Nutting, Mrs. Fournier. Nomination from floor for director to fill the vacancy caused by the election of Miss Sly as secretary. Miss Milne elected.

Introduction of new officers.

Adjourned to meet in the Twin Cities, 1909.

## Convention of Superintendents of Training Schools.

The fourteenth annual convention of the American Society of Superintendents of Training Schools for Nurses was held at Cincinnati April 22, 23 and 24. At the opening session the President, Miss Mary Hamer Greenwood called the meeting to order at 10:30 A. M., The invocation was by Rev. Frank H. Nelson, rector of Christ Church.

Mayor Markbreit, Dr. Charles L. Bonifield, President of the Ohio State Medical Association, and Miss Annie Laws, President of the Ohio State Federation of Woman's Clubs, welcomed the society to Ohio. President Greenwood, of the Jewish Hospital, delivered her annual address on the work of the society.

Miss Adelaide Nutting, New York, and Miss Helen Hay Scott, Chicago, responded to the addresses of welcome.

There were more welcoming speeches at the luncheon at I o'clock at the Sinton. Miss Crandall, of Dayton, Ohio, speaking for the Ohio State Association of Graduate Nurses; Miss Ellison for the City Hospital, Miss Ilsen for the Jewish Hospital and Miss Greenwood for the Cincinnati Association, the associations and hospitals named being the hosts.

The afternoon session was devoted entirely to business, papers being read and briefly discussed by Miss Anna L. Alline, New York State Inspector of Training Schools, on "The Work of Dietitians in Schools for Nurses," and by Miss Florence R. Corbett, dietitian of the Department of Public Charities, New York City, on "Hospital Dietaries." The reading and discussion of a paper by Miss Jane M. Pindell, of the New York City Training School for Nurses, on "What Ground Can a Municipal Hospital Cover in the Training of Nurses?" were set for the following morning.

Thursday, April 23, 10 A. M.—Report of council, election of new members, report of auditors, unfinished business, new business, report of nominating committee, election of officers. From 4 to 6 P. M.: Reception at Hotel Sinton by the Hospitality Committee, Miss Annie Laws, chairman. At 8 P. M.: Papers, "To What Extent May the Experience of Nurses Be Useful in the Planning of Hospital Buildings?" Miss A. M. Lawson, Akron City Hospital; stereopticon views of plans for new City Hospital, Dr. C. R. Holmes, chairman of Hospital Commission.

Friday, April 24, 10 A. M.—Papers: "The Nursing of Children," Sister Amy, S. S. M., the Children's Hospital, Boston; "Nursing in Diseases of the Eye and Ear," Miss Eugenia D. Ayers, Manhatan Eye, Ear and Throat Hospital, New York; "A New Field—The Nurse's Opportunity in Factory Work, with a Brief Outline of Medico-Nursing Relief Work in the Westinghouse Lamp Factory," Dr. Lucy A. Bannister. Introduction of President-elect.

Adjournment, 2:35 P. M.: Reception to visiting superintendents by Woman's Club, Domestic Science Department, Mrs. J. C. Monfort, chairman.

The new officers elected are: President, Mrs. Hunter Robb Cleveland; first vice-president, Miss Mary H. Greenwood, Cincinnati; second vice-president, Miss M. M. Russell. Miss Nevins, Washington, D. C., and Miss Anna L. Alline were re-elected secretary and treasurer.

## Spanish American War Nurses.

The ninth annual meeting will be held at the Palmer House, corner State and Monroe streets, Chicago, Ill., on June 4, 5 and 6, 1908.

Programme—Thursday, June 4, 1908.—10 A. M., executive meeting; 11 A. M., first business meeting; 2 P. M., luncheon to the S. A. W. N.

by Camp Nicholas Senn, of Chicago. Sight-seeing afterward.

Friday A. M.—Business meeting. Afternoon—Reception to S A. W. N. by the Spanish War Veterans; 6 P. M., banquet of the S. A. W. N.'s—who may be joined by the Spanish War Veterans, and the Ladies' Auxiliary of the Spanish War Veterans (and possibly by Civil War Nurses).

The price of the banquet will be \$1.50 per plate. Members expecting to attend the banquet are requested to notify the chairman of the committee on arrangements, Miss I. V. Parkes, 1109 Madison street, Evanston, Ill., at the earliest possible date, in order that adequate arrangements may be made.

The Chicago committee have expressed a desire to have all members who attend the banquet wear their white uniform and cap. The graduates in medicine to wear a white dress and the Red Cross cap. The Spanish War Veterans will also wear their uniforms.

Palmer House room rates—One person in room, \$1.50 and \$2 per day; two persons in room, \$2 and \$3 per day, without baths.

Rooms with baths—One person in room, \$2.50 and \$3 per day; two persons in room, \$3.50, \$4, \$5 and \$6 per day; each additional person in double room, \$1 extra.

Those expecting to attend are advised to send the price of one day's lodging to the chairman of the committee on arrangements, Miss Parkes, who will make all reservations for rooms. Members should secure reservations of rooms at an early date, as the hotels will be crowded with members of the Medical Association, who will be in session at the same time as our meeting.

It is recommended that all members who contribute annually to the relief fund will send their contributions to Miss Rebecca Jackson, treasurer, box 25, Overbrook, Pa., before the annual meeting; this will relieve the treasurer of the responsibility of caring for this money while in a public hotel.

If the members of the Medical Association are given special railroad rates, the same courtesy will be extended to the members of the S. A. W. N. Consult your ticket agent.

It is earnestly requested that all members who can attend the meeting will do so, as it bids fair to be a most important one. Some very important legislation will be voted on, and it is deemed advisable to have as large a vote as possible. One of the most important will be the question of incorporation.

AMANDA A. LUDLOW, Pres. S. A. W. N.

[We regret that this notice did not reach us in time for the May number.]

## Visiting Nurse Conference.

The first National Conference of Visiting Nurses was held at the Auditorium Hotel, Chicago, April 25.

The address of welcome to the nurses was made by Mrs. James L. Houghteling, first vice-president of the Chicago association. Miss Harriet Fulmer also spoke for the Chicago association. After telling how the work of the nurses had grown in importance to the poor people of the city, and especially in the way of saving the babies in the summertime, she outlined these needs for Chicago this year:

Establishment of a children's hospital for contagious diseases,

Housing reforms that shall make it criminal for a landlerd to take rent for an unsanitary living place.

Decent and humane care for incurable cases of tuberculosis.

Judge Julian W. Mack told of the work of the visiting nurses in relation to the Juvenile Court.

Miss Jane Addams read a paper on the visiting nurses in their relation to the public school. She criticised the system of medical inspection and care of sick pupils in the schools.

The following interesting account by an "Eastern Delegate" speaks for itself:

Our party to the National Convention at San Francisco arrived in Chicago at noon on Saturday and passed on to the West on Saturday night, not awaiting the nurses' special train of Sunday night. We were thus able to attend only one of the sessions of the convention of Visiting Nurses of America and to be present at the luncheon.

The afternoon session opened at 3 P. M., Miss Damer presiding. Mrs. Robb was the first speaker, bringing greeting and good wishes from the Superintendents' Convention at Cincinnati.

Mrs. Leland, of the Cleveland Visiting Nurse Society, gave an interesting detailed account of their work in the prevention of infant mortality. Dr. Churchill, of the Rush Medical College Dispensary, opened the discussion, speaking of the special value of the visiting nurse in supplementing the doctor's work with infants.

Dr. Evans, of Chicago, Mrs. Quintard, of the Philadelphia Visiting Nurse Association, and several others told of the work along these lines.

The subject of a national seal for the Visiting Nurses' Associations was presented in a paper by Mrs. Loman, read by Mrs. Robb, and designs submitted. It was voted to adopt a national seal, but the design was not definitely decided upon.

The work of a visiting nurse in a country district was described by Miss Van Cleft, of Lakeville, Conn., Mrs. Weaver, of Terra Haute, Ind., and other speakers.

Mrs. Higginson, of the Board of Directors of the Chicago Visiting Nurses' Association, spoke on "The Director's Point of View," touching on the subjects of salary, qualifications for a visiting nurse and the need of the training school of supplying a course of instruction in visiting nurse work. The discussion that followed was of great interest. Training schools reported on what was being done toward making district nursing a part of the curriculum. Requisite qualifications were enumerated most amusingly by Miss Goodrich. They included pretty nearly everything from doctor, druggist and clergyman, down to cook and scrubwoman, and "for twenty dollars a month."

There was so much more worth the time and telling, but—

"We were late to come and early to go,
"Had a can't-hear seat in a far-back row."
And so our report can be but a brief one.

AN EASTERN DELEGATE.

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#### Minnesota State Board.

The Minnesota State Board of Examiners of Nurses will hold its second examination at St. Luke's Hospital, St. Paul, Minn., on Friday, June 12, 1908, at 9 o'clock.

Nurses who desire to take this examination must file their application with the secretary, Miss Helen Wadsworth, St. Luke's Hospital, St. Paul, Minn., on or before May 29, 1908. They will then be notified if application is approved.

### Nurses' Association of Connecticut.

The Graduate Nurses' Association of Connecticut held its fifth annual meeting in Christ Church, Bridgeport, Conn., on May 6, 1908.

Miss Albaugh, the president, opened the meeting and introduced Rev. E. J. Craft, who invoked the Divine blessing, and addressed a few well chosen words to the nurses.

The president in her annual address reviewed the work of the association for the past year, and also the work of the Board of Examination and Registration.

The reports of the secretary, treasurer and chairman of the Membership Committee were read and adopted.

The report of the Membership Committee did not show an increase, and this occasioned a lengthy discussion on ways and means of bringing more nurses into the association, and getting them interested in its work. It is the desire of the association to have an inspector of training schools, who would work toward having a uniform curriculum for all training schools in this State, but funds are lacking. A special fund was started for the purpose of establishing an inspector.

Officers for the ensuing year were elected as follows:

President—Miss M. J. Wilkinson, of Hartford.

First Vice-President—Mrs. I. A. Wilcox, Pine Meadows.

Second Vice-President—Miss E. A. Somers, Waterbury.

Recording Sceretary—Miss Elizabeth Gallagher, Danbury.

Corresponding Secretary—Mrs. E. B. Lockwood, Granby.

Treasurer—Miss Rose M. Heavren, New Haven.

Chairmen of Standing Committees—Miss R. I. Albaugh, New Haven; Miss Winifred Ahn, Bridgeport; Miss Mary L. Bolton, Bridgeport.

The afternoon session was devoted to the reading of papers by members.

"Training School Methods in the 80's," by Mrs. Isabelle A. Wilcox.

"Training School Methods of Ten Years Ago," by Miss Martha J. Wilkinson.

"Training School Methods of To-day," by Miss Butler, of Hartford.

All three papers were exceedingly interest

ing, being largely records of personal experience, and were well received.

At the close of the meeting a reception was tendered those present by the Bridgeport Hospital Alumnae Association, and a pleasant hour enjoyed, after which a visit was made to the Bridgeport Hospital.

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## New York City.

The graduating exercises of the nurses of the Margaret Fahnestock Training School were held in the Training School Building, 304 East Twentieth street, Tuesday evening, April 21. The following young women received diplomas:

Gertrude Ethel Chase, Gladys Elizabeth Chesnee, Ida May Davis, Elva Hughes, Ethel Wallace Jarvis, Ella Johnston, Percy Mary Lalor, Emma Carolyn Linter, Minnie Hunter Maclean, Laetitia Mary McNamara, Mary Carrol Robinson, Ella Maud Ross, Minnie Leila Silcox, Gladys Grace Smith, Rose Stahle, Minnie Jean Steele, Mary Ethel Tayler, Rose Ethel Towne, Dorothy Carroll Trego, Rose Urban, Margaret Warburton.

The Metropolitan Hospital Training School for Nurses will hold commencement exercises May 30, at 4 p. m., at Metropolitan Hospital, Blackwell's Island.

The New York Polyclinic Post-Graduate Nurses' Home, at 8 West Ninety-third street, near Central Park West, will celebrate its second anniversary and reception to the nurses on August 6, at 8 p. m. Miss Agnes D. Carson, superintendent of nurses, will be the guest of honor. The Nurses' Home and Registry is conducted by Mrs. Carl Ebendick, Polyclinic nurse.

A regular meeting of the Association of Graduate Nurses of Manhattan and Bronx was held at the American Museum of Natural His tory, May 4, at 4:30 p. m.

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## Camp Roosevelt.

The next meeting of Camp Roosevelt will be held on Wednesday, June 10, from 2:30 to 5 o'clock, at 596 Lexington avenue.

ALICE P. LYON, Secretary.

### N. Y. Red Cross.

A meeting of the New York Branch of the American National Red Cross was held at the Waldorf-Astoria April 28. Colonel William Cary Sanger presided. A telegram was received from President Roosevelt as follows:

"I wish to send my special word of greeting to the New York branch of the American National Red Cross. This is an organization which should receive the heartiest support of every American. We should not let our people lag behind in doing what is really an international duty. With all good wishes, believe me, sincerely yours,

THEODORE ROOSEVELT."

In the absence of Governor Hughes, Lieutenant-Governor Chanler extended greeting. The president of the Chamber of Commerce, who was unavoidably detained, was represented by Mr. Cleveland H. Dodge. General Horace Porter made a few brief remarks and introduced the principal speaker of the afternoon, Secretary William Taft, who strongly appealed to all citizens to lend their aid to the work of the organization, which he described as one which has done more than any other to earn the sincerest respect of the entire world.

## Brooklyn, N. Y.

The monthly meeting of the B. H. T. S. A. was held at the training school May 5. After the business of the day was dispatched the president introduced Miss Gladwin, superintendent of the Women's Hospital, Manhattan, who gave a very interesting account of her work during the late Russo-Japanese War. Miss Gladwin was one of the Red Cross nurses who volunteered for duty, and had many interesting experiences to relate.

ALICE DE ZOUCHE, R. N., Secretary.

## Mt. Vernon, New York.

An audience which filled Prospect Assembly Hall attended the graduating exercises of the Training School for Nurses of the Mt. Vernon Hospital, held May 5, 1908.

An interesting programme had been arranged, which included music, both vocal and instrumental, and addresses by Mr. M. B. Sloat, Dr. Andrew F. Currier and Rev. W. H. Owen, Jr. Dr. A. M. Campbell presented diplomas to the following: Miss Renie Doepel, Miss Helen Margaret Rehn, Miss Hannah Elizabeth

Adams, Miss Anna Karlson and Miss Helen Agnes Loring. As each graduate came forward to receive her diploma floral pieces were presented. Dancing followed the exercises.

## Fall River, Mass.

The regular monthly meeting of the Nurses' Alumnae Association was held at the Nurses' Home May 6.

As important questions concerning the contribution to the new Union Hospital were to be considered, the entire meting was given up to the discussion of that business. There was a small attendance. Light refreshments were served.

L. W. Wood, Corresponding Secretary.

## Des Moines Visiting Nurses' Association.

Through the efforts of the Graduate Nurses' Association and the co-operation of the City Commercial Club, which is composed of Des Moines's foremost business men, an association of visiting nurses has at last been fully organized.

At a meeting held in the Y. M. C. A. parlors April 15 officers were elected as follows: D. T. Patton, representative of the local Nurse Visiting Association from the Commercial Club, was elected president; Dr. George Royal and Miss Flora Dunlap, of the Roadside Settlement House, first and second vice-presidents; Mrs. J. W. Tyrrell, secretary, and Simon Casady, treasurer. Miss Estella Campbell and Mrs. Anna Jones were elected as delegates to attend the first conference of Visiting Nurses, which met in Chicago on April 25.

The work of the new organization is barely completed and they are now soliciting members and forming plans for systematic work in the poor districts of the city. It is hoped to secure a membership of all the city's nurses and others to the number of at least 200.

Four kinds of memberships have been worked out, so that people of all classes interested in the work may become members and aid in carrying on the work. They will be as follows: Life memberships, the fee to be \$100; honorary memberships, not less than \$10, and an active member, \$5, while an associate membership may be had for \$1 per year. However, the latter will not be allowed to vote.

# The Nourishment of Invalids

The success of a nurse not infrequently depends on her ability to properly nourish the patient.

The variability of individual whims, digestive capacity, and physical needs of the sick and convalescent is a constant source of anxiety to every nurse, but if she be familiar with the advantages of BENGER'S FOOD and consequently employs it in her practice, her difficulties are reduced to a minimum.

Other foods do not offer the same degree of palatability, nutritive power, digestibility, and ready adaptation to every physical condition of the directive organs.

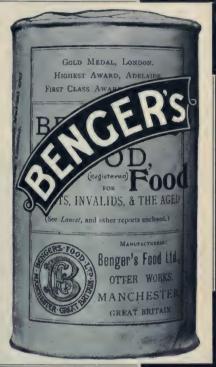
dition of the digestive organs.

BENGER'S FOOD is enjoyed when all other foods are distasteful and can be retained and assimilated when all other nourishment fails.

Full particulars and sample tin free on request

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When you see a healthy, happy, well-developed child like this one, it is probable that he was raised on

# Eskay's Food

as this boy was. Eskay's Food babies develop into sturdy children.

Added to cow's milk, Eskay's makes a food rich in the most vital nutritive elements, easily digested by the most delicate stomach.

Write for free sample (10 feedings) and our helpful book, "How to Care for the Baby."

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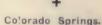
Though only in the embryonic state, the organizers are very enthusiastic and hope to accomplish many things. A linen closet will be established as soon as the organization gets permanently shaped and in running order.

eventually it is hoped to have a nurse who will care for tuberculosis cases exclusively. A milk and egg station, which will furnish healthful foods at a price within the means of the poor, is also debated. The working plans as to the visits, fees, etc., as far as planned are similar to those in the Eastern cities.



## Iowa Methodist Hospital Commencement.

The first of the commencement exercises of the Iowa Methodist Hospital Training School for Nurses was held at Grace Methodist Church Sunday evening, May 10, when Rev. O. W. Fifer, pastor of the church, preached the baccalaureate sermon before the class. Monday evening, May 11, the class day party was held at the Nurses' Home at the hospital, and Tuesday evening, May 12, at Grace M. E. Church, occurred the commencement proper, Rev. Charles S. Medbury, pastor of the University Church of Christ, giving the class oration. Eleven young women who had satisfactorily finished the three years' course received their well-earned diplomas. The members of the class are the Misses Charlotte Patterson, Olga L. Thomas, Verna M. Amsden, Josephine Cook, Ethel Treleaven, Elizabeth Smallwood, Miriam H. Davidson, Ivo S Black, Catherine B. Earhart, Maud E. Sutton and Eva C. Lan sing.



The regular meeting of the Nurses' Registry Association was held at Grace Parish House May 6. After necessary business was attended to the meeting adjourned, and a very pleasant social time was enjoyed by all present. Refreshments were served by Miss L. S. Woodhull, R. N., who expects to leave soon for a year in Rhode Island.

Miss Clara B. Kehoe, Superintendent of Registry, is again at her duties after a four months' absence, being called to Ottumwa, Ia., to care for a sister who has been seriously ill.

The delegates of the Associated Alumnae spent a day in Colorado Springs. They were met at the train by a committee from the local association and escorted to the Acacia Hotel, where luncheon was awaiting them. The afternoon was spent in drives through Manitou, Cave of Winds, Garden of Gods and Glen Eyre. In the evening a reception was given at the home of Mrs. William Lennox, president of the Methodist Hospital Board, about one hundred nurses attending.

The next morning most of the nurses took the high drive. All expressed regrets at having so short a stop-over in Colorado.



## Lincoln, Nebraska.

The fifth annual commencement exercises of the Dr. Benjamin F. Bailey Sanatorium Training School for Nurses were held at the Methodist Church Thursday evening, May 14, when the following young women received diplomas: Laura Etta Pugh, Gertrude Made lyne Keating, Lilla May Richardson, Ernestine Ruth Stewart, Cora Electra Higgins, Kittle Montgomery Wilsey, Cecil Elizabeth Carpen ter, Jennie May Higgins, Lulu Florence Abbott, Franklin Lee Purnell.



## Louisville, Kentucky.

The Jefferson County Graduate Nurses' Club announces the opening of the Nurses' Central Directory on May 1, 1908. Registrar, Miss Katherine O'Connor, 606 West Breckenridge street, Louisville, Ky.; telephones, Cumberland, South 1010, Home 8922.

The object of the Directory will be to give more efficient care to the sick, to provide physicians and the public with greater accommodation in securing nurses, to assist its members and to promote the helpfulness of the nursing profession in general.

The Governing Committee will be pleased to give further information upon request.

L. A. Wilson, Chairman.

220 East Chestnut street.

The second annual meeting of the Kentucky State Association of Graduate Nurses will be held in Louisville June 9, 10 and 11, 1908.

An interesting programme is assured and a large attendance is requested.

Information concerning hotel accommodations, etc., may be obtained by addressing the chairman of the Arrangements Committee,



Miss Ella C. Francis, 420 West St. Catherine street, Louisville, Ky.

LAURA A. WILSON, Chairman, Publication and Press Committee.

## Durham, N. C.

The Board of Examiners of Trained Nurses of North Carolina will hold its fifth annual meeting in Durham, N. C., on June 16 and 17, for the purpose of examining all applicants for license as registered nurse.

Examinations will be held in the Durham High School Building, beginning at 9 a. m. of the 16th.

The State Nurses' Association meeting will be held in Durham June 18 and 19.

Homes will be provided for those nurses who will send their names to the secretary.

MARY L. WYCHE, Sec.-Treas., Board of Examiners.



## Marriages.

BISHOP—BRYAN.—Married, at the home of the bride's parents in Des Moines, Iowa, April 18, Laura June Bishop to Dr. George Corbin Bryan, Judge Charles H. Bishop, father of the bride, officiating. Miss Bishop has been a trained nurse for several years, and is quite popular professionally as well as socially. Dr. Bryan is a prominent surgeon in charge of a large hospital in Alamogorde, New Mexico, where they will make their home.

In Indianapolis, Ind., April 7, Miss Maude Mendenhall, graduate class 1906, Indianapolis City Hospital, to Harry Elliott, M. D.

## Birth.

Born, in Indianapolis, Ind., April 12, to Mr. and Mrs. Robert Bruce, a daughter. Mrs. Bruce was Miss Laura Litelle, graduate class 1902, Indianapolis City Hospital.



#### Personal.

Miss Grace Meigs, of Keokuk, Iowa, has won the honor of being the first woman interne at the Cook County Hospital, Chicago. She passed the examination with flying colors, beating out every man who competed with her for the place. Miss Meigs is the daughter of Major Montgomery Meigs, U. S. A.

Miss Alice Beatle, for three years the efficient superintendent of the Homecepathic Hospital at the State University, Iowa City, has tendered her resignation to the Board of Regents, to take effect June 30. Miss Beatle will go East, where she expects to spend a year in post-graduate work.

Misses Cora Mittler and Mary B. White, of the North Des Moines Nurses' Club, 1544 Tenth street, spent several weeks in April visiting in Chicago and Milwaukee.

Miss Jane Bright has been obliged to resign her position as nurse-in-charge of the King's Daughters' Hospital, Greenwood, Miss., on account of ill health.

Mrs. E. Gratzner, of New York City, has gone to Ludlow, Vermont, to take a long-needed rest, after nursing for the past twelve years.

Miss Harriet M. Hohenfeld, graduate of the Maine General Hospital Training School and Nursery and Child's Hospital, New York City, and formerly chief district nurse of the city of Portland, Me., has succeeded Miss Amelia L. Smith as superintendent of nurses at the Maine General Hospital.

Miss Hohenfeld is a very capable nurse, and we wish her the best of success.

Miss Emma Harding, R. N., of 8 West Ninety-third street, New York City, has taken a trip to the Western Coast, visiting one of her former classmates, Mrs. Sarah Clunis, in Portland, Oregon, where she has been given a warm welcome. Miss Harding will remain for an extended vacation, after hard work here.

Miss Ann M. Gee has returned to 8 West Ninety-third street, New York City, after spending the holidays at her home in Canada.

Miss Maude Northwood, R. N., has accepted the position as superintendent of nurses of her former training school, Lakeview Hospital, Danville, Ill.

Miss M. K. Magee will sail for her home in Ireland to remain for the Summer months.

(Continued on page 408.)

## IRON WILL FLOAT

Under certain conditions. In the blood it is buoyed up by lighter elements. It occurs in like combinations in the natural food stuffs. As a medicine it should be given in similar form.

ARSENIC AND STRYCKNINE ASSIST IRON IN ANEMIA.

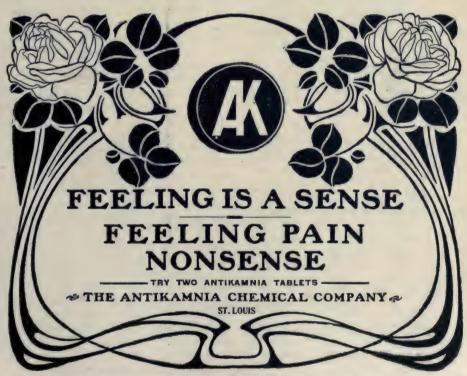
# Hemaboloids-ARSENIATED (WITH STRYCHNIA)

is most easily assimilated and absorbed, palatable and non-irritating.

NUTRIENT, HEMATINIC, RECONSTRUCTIVE, TONIC.

Samples on request.

The Palisade Man'f'g Co. Yonkers, N. Y.



# The Hospital Review

## New England Baptist Hospital.

The past year has been one of unusual activity with this hospital; it has also been one of the most satisfactory years in the history of the hospital, both as regards the number of patients treated and the increased revenues, which are the largest in its history, as well as the large amount of free service which it has rendered to those in need.

The general work of the hospital has been satisfactory in all departments, and has been conducted with a view of securing the utmost efficiency at the lowest possible cost. The expense, per patient, during the past year, notwithstanding the increased cost of supplies, has been kept at the same low cost as the past two years.

The general equipment of the hospital has been improved and kept in thorough working order.

The outdoor tent service, which has been spoken of enthusiastically by all who know about it, has been enlarged, and plank walks have been laid, thereby making it easy to wheel the patients from one place to another. The grounds of the hospital have been regraded and the whole general appearance has been made much more attractive.

The number of desirable applicants to the training school during the past year has exceeded that of any previous year. That a larger number of desirable women have made application is attributed to the fact that the school has not increased the length of its course, it still being two years. The Baptist Hospital has received distinguished recognition from Her Royal Highness, the Princess Sophia, for the part it has had in the nursing education of her two countrywomen, Miss Andromache Kalafati and Miss Elefteria Paterou. Following is her letter:

#### Dear Miss Anderson:

Her Royal Higness, Crown Princess of Greece, President of the Children's Hospital, desires me to convey to you her high appreciation of all you have done for the Sisters Andromache and Elefteria, who, under your enlightened guidance, have been enabled to complete their course of probation and hospital practice so efficiently and successfully. Your kindess towards them and maternal advice in fulfilling the object of their stay in America are very gratefully acknowledged. In thus fulfilling this pleasant task I am also directed by Her Royal Highness to present to you her photograph as a token of her esteem and regard.

I am, dear Miss Anderson,
Yours most sincerely,
(Signed) Angelique J. Contostations.
Athens, the 10th December, 1907.

#### The Peck Sanatorium,

Dr. Robert E. Peck, of 56 Howe street, New Haven, Conn., has opened a sanatorium at Woodmont, Conn., for the treatment of patients suffering from nervous disorders, For a long time Woodmont, on the Sound, has enjoyed an enviable reputation as a Summer health resort, and it offers many advantages as a location for an institution of this character. It is sufficiently removed from New Haven to be free from the depressing influences and noises of the city, yet can be reached in forty-five minutes by trolley.

"The Peck Sanatorium" is situated on a bluff, fifty feet above sea level, and commands an extensive view of Long Island Sound from Faulkner's Island to Stratford Point in one direction, and the beautiful Orange and Woodbridge hills in the opposite direction. The house is back from the water about 500 feet, yet is near enough to allow of easy access for boating, bathing, etc. The picturesque links of the Woodmont Golf Club, which are at the command of the patients, are about two minutes' walk from the house. The trol ley station is not more than three inniutes' walk, and the Woodmont station of the New York division of the N. Y., N. H. & H. R. R.

## Feeding the Doctor

The doctor is frequently compelled to work long hours without food. His duties in certain cases make it impossible to stop and renew his physical strength by taking necessary nourishment.

The following account will appeal to most successful doctors as being familiar to their own experience:

"Originally I had a prejudice against grape-nuts," said a doctor recently. "I thought it was a by-product of some brewery. I had a package in my house for two years and had never used any of it.

"One morning about 5 o'clock I had a hurry call to a family where I knew I was not likely to be fed. Nothing being handy for a quick breakfast, I grabbed the package of grape-nuts, poured out half a cupful, then poured some milk over it, and went out to hitch up my team.

"Returning to the house, I put on my overcoat, then sat down and ate the soaked grape-nuts, went on a tiresome journey, from which I returned at I P. M., not yet really hungry, although working hard and going without food for fully three hours longer than usual.

"Since that I have prescribed grape-nuts in many cases of weak digestion, typhoid, marasmus, and all convalescents from severe illness.

"My last case was double pneumonia, nourished exclusively on grape-nuts."

M. D.

Eight hours' hard work on a dish of grape-nuts and milk with a feeling of mental and physical strength at the end of the task would seem to sustain the claims made for this food by the makers.

It is made of entire wheat and barley and contains all the food elements of these grains, including the phosphates so essential to elaboration of the cells.

Doctor, if you have not yet received your copy of the new morocco-bound "Clinical Record"—the most useful pocket record for the bedside yet published—send your name to the undersigned.

Also ask for a box of samples of grape-nuts or postum, and same will be gladly sent you, prepaid.

## POSTUM CEREAL COMPANY, LIMITED Battle Creek, Michigan

about one and one-half miles distant. No pains has been spared in preparing the house to meet the demands of an institution of this character, and patients will find that they can be just as comfortable at the shore in Winter as in Summer.

Dr. Peck is fortunate in securing the services of Mr. Verson M. Boothby and his wife, both registered nurses, who will act as superintendent and matron, respectively.

The institution will be conducted along the most modern lines, and will not only be a "rest cure," but patients will receive active treatment, including hydrotherapy by the Baruch method, electrotherapy, heliotherapy, massage, gymnastics, etc.

## Mount Holly, N. J.

At a meeting of the Burlington County Freeholders, held recently at Mt. Holly, plans for a new hospital, presented by a committee of Freeholders, were approved. The building is to be two stories, with basement, and is to be built on the almshouse grounds at Pemberton.

## Hancock Co., Ohio.

Plans have been approved by the State Board of Charities in Columbus for new infirmary buildings in Hancock County. The plans and specifications are drafted on the one-story cottage plan, and the institution will be the first of that type in Ohio. Architect W. L. Kramer drew the plans of the cottages and administration buildings.

## New Nurses' Home.

The new Nurses' Home in connection with the Iowa Methodist Hospital, Des Moines, is about completed and will soon be ready for occupancy.

#### Providence, R. I.

The committee on the city hospital has instructed Martin & Hall to prepare new plans and specifications for that institution, so that it will bring the cost of the work within \$300,000. This will mean some reduction in the size, and perhaps the number of buildings, of which there are seven.

## Bayonne Hospital.

Plans for the erection of an addition to the hospital in East Thirtieth street, Bayonne, have been furthered by the board of directors of the Bayonne Hospital, of which George Carrigan is president, and it is expected that the work will be started within the next few weeks. The addition to the hospital will cost about \$40,000. It will be brick, with a frontage on Thirtieth street of seventy-five feet, and will have a depth of one hundred and twenty-nine feet.

## Little Rock, Ark.

The three Arkansas conferences of the Methodist Episcopal Church, South, have decided to erect a hospital in Little Rock at a cost of \$100,000.

## Los Angeles, Cal.

The Methodist Hospital Association will expend \$100,000 in building a hospital in Los Angeles. Chaplain O. J. Nave is actively engaged in the enterprise.

## St. Louis, Mo.

The Board of Public Improvement has approved an ordinance authorizing the letting of a contract for the construction of additional wings to the City Insane Asylum and other improvements. The estimated cost of the improvements is \$900,000, which will leave \$100,000 for the special bond issue voted for the work and for the purchase of ground.

## Kann Memorial.

A building to be known as the Solomon Kann Memorial Cottage will be erected on the grounds of the Jewish Home for Consumptives on the Westminster pike, near East Reisterstown, Md., by Louis, Simon and Sigmund Kann as a memorial to their father.

#### Notice

It has been found necessary to omit the Letter Box Department from this issue of THE TRAINED NURSE, owing to the long reports of national societies which will be found in this issue.



the physician has at his command a palatable, acceptable and immediately assimilable combination of iron and manganese.



this product has answered every reasonable professional requirement for more than 17 years;



its use in reconstructive therapy is veritably world-wide and constantly increasing;

Is it not quite clear that such a preparation possesses the genuine merit claimed for it?

## Pepto-Mangan ("Gude")

exerts prompt and decided hematinic and reconstructive action in Anemia, Chlorosis, Bright's Disease, Marasmus, Convalescence, etc.

In original bottles only. Never sold in bulk. Samples and literature upon application.

M. J. BREITENBACH CO., New York, U. S. A.

44

## Importance of Infants' Diet

A prominent physician, writing to the New York Medical Journal, says, "There can, I think, be no theory in regard to the diet of infants except one founded upon a study of the composition of human milk, and an attempt to imitate it."

## **Lactated Infant Food**

is used in the houses of thousands of physicians whose experience has taught them that it is the only satisfactory substitute for mother's milk. It makes weak babies strong, and keeps them so. If you are not already acquainted with it, we shall be glad to have you try it at our expense.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

WELLS & RICHARDSON CO. BURLINGTON, VT.

## Book Reviews

Nursing the Insane, by Clara Barrus, M. D., Woman Assistant Physician in the Middletown State Homecepathic Hospital, Middletown, N. Y. Published April, 1908. 409 pages, cloth. Price \$2. For sale by Lakeside Publishing Company.

This book was started as a collection of familiar talks to nurses in charge of mental invalids, and is an outgrowth of fifteen years' experience in a large hospital for the insane. It is one of the most clear, comprehensible and practical books which it has ever been our pleasure to review. Its statements are forcible and epigrammatic and appeal to one at once through their depth of insight and inherent truth.

The point of view from which the work is written is best illustrated by a quotation from the preface:

"Within the memory of the passing generation our institutions for the insane have undergone remarkable changes in aims and character. From being merely places of detention and custody they have evolved into modern hospitals, which aim to provide comfortable, pleasant and hygienic surroundings for the patients, scientific treatment directed to the cure of the curable, and judicious and humane care for all.

"These patients make up a large community of peculiar and trying persons. To deal with them wisely and kindly requires exceptional qualities of mind and character. The training of nurses and attendants for these patients must cover a much wider field than is comprised in the course of the ordinary trained nurse."

While disclaiming any pretense of covering the entire field of nursing, although many points in general nursing are necessarily included, the author presents her ideas with regard to the qualities and duties of a good nurse for the insane, and ends with the statement:

"If this book fulfils its aim I shall feel it a privilege to have been in any way helpful to that noble body of men and women engaged in the humane service of ministry to minds discased."

We unhesitatingly recommend this work, and urge every nurse interested in the care of the insane to become the possessor of a copy.

Materia Medica for Nurses, with an epitome of official drugs, preparations and chemicals, giving their medical uses and doses, and questions for self-examination, by John E. Groff, Ph. G. Apothecary in the Rhode Island Hospital, Professor of Materia Medica in the Rhode Island College of Pharmacy, Fourth Revised Edition, Rearranged by Lucy C. Ayers, Superintendent of Nurses' Training School, Rhode Island Hospital; section on Therapeutics rewritten by Herman C. Pitts, M. D., Gynecological Surgeon, Rhode Island Hospital. Price \$1.25 postpaid. For sale by Lakeside Publishing Company.

When a practical apothecary in a large hose pital who is also a professor of Materia Medica in a State college of pharmacy writes a materia medica for nurses the book deserves attention. When the book has gone through three successful editions and a fourth is necessary in a few years—it deserves respectful at tention. But when a successful superintendent of a prominent training school rearranges the matter to make it more useful, accessible and comprehensible to nurses, and when a trained and experienced physician rewrites the section on therapeutics with especial reference to the needs of the nurse-the book becomes not only deserving of our most respectful attention, but is also likely to justly claim and hold pre-eminence in its class.

Such a work is the fourth edition of Groff's Materia Medica. It meets the needs of both the nurse in training and the graduate.

The epitome of the Pharmacopæia which was in the first edition, but was omitted from the subsequent editions, has been put back again at the suggestion of Miss Ayers.

(Continued under Publisher's Desk.)

# Antithermoline

A Superior Surgical Dressing <sup>1</sup>
Made from the best quality of imported Welsh Kaolin



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

FREE to Nurses—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

## Secretogen

A Stimulator of Digestive Secretions.

Indicated where there is a deficient supply of digestive ferments, malnutrition and disorders resulting therefrom, neurotic conditions, intestinal fermentation, dyspepsia, etc.

Literature sent to physicians and nurses on request.

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## In the Aursing World—Continued

## Vassar Brothers Hospital Nurses.

The Alumnae Association of Vassar Brothers Hospital Training School for Nurses is making great preparations for their moonlight sail, which will take place in June.

The Alumnae Association of Vassar Brothers Hospital Training School for Nurses extends its sympathy to Miss West in the loss of her father.

Miss Martha E. Johnson, class of '05, visited in Yonkers, N. Y., recently.

Miss Grace Palen, class of '98, who has been West for some time, will soon return to New York State.

Miss Amy McCreery, class '90, of Lakewood, N. J., was a recent visitor among the nurses.

Miss Mabel Foertner, class of '05, of Accord, N. Y., entertained her classmate, Miss Mary B. Ebert, for the week end recently. Miss Foertner expects soon to return to Poughkeepsie, N. Y., and resume private nursing after an absence of two years.

Dr. and Mrs. James Oliver have removed from Stone Ridge, N. Y., to El Reno, Oklahoma. Mrs. Oliver was formerly Miss Cornelia B. Lockwood, class of '02, Their many friends wish them success in their new field of labor.

Miss Mary J. Blass and Mr. Robert C. Workman were quietly married at St. Paul's rectory, by Rev. Francis B. Whitcomb, Wednesday, April 15, at high noonbride is a graduate of Vassar Brothers Hospital Training School for Nurses, class of '95, and Mr. Workman holds a position with the New York Central Railroad.

## Methodist Hospital Nurses.

At the annual meeting of the Alumnae Association of the Methodist Episcopal Hospital Training School, Brooklyn, held in April, the following officers were elected for the ensuing year:

President, Miss Shipman; first vice-president, Mrs. Zimmer; second vice-president, Miss F. Smith; secretary, Miss I. M. Hall; treasurer, Miss Ferris; corresponding secretary, Miss M. Culbert.

A very successful fair was held in the hospital on April 24 and 25 in aid of the Graduate Nurses' Endowment Fund. About \$1,600 was realized, and the nurses are justly proud of their endeavor.

Born-On January 28, in Quebec, a son to Mr. and Mrs. Harry Aird. Mrs. Aird was Miss Meikle of the class of 1901, M. E. Hospital, Brooklyn.

Born-On March 12, at Riverton, N. J., a daughter to Mr. and Mrs. Van Steenberg. Mrs. Van Steenberg was Miss O. M. Barrett, of the class of 1902, M. E. Hospital, Brooklyn.

Married-On Tuesday, April 21, 1908, at the Church of the Redeemer, Brooklyn, N. Y., Miss Ellen W. McCauley to Mr. Manchester W. Weld. Mr. and Mrs. Weld will live at East Greenwich, R. I. Miss McCauley was of the class of 1897, M. E. Hospital, Brooklyn.

MARGARET CULBERT, Cor. Sec.



#### Philadelphia, Pa.

The regular stated meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital was held on Wednesday, May 6, at 3 P. M. in the hospital.

As Mrs. J. L. Moyer, our president, was attending the national convention, Miss Anna Lehman, first vice-president, occupied the chair.

The following nurses were admitted to membership: Miss Fannie Dibeler, Miss Isabel McKnight, Miss Gertrude Smith, Miss Sadie Long, Miss Margaret McGuire.

After the regular routine of business the meeting adjourned to meet June 3 in the hospital. MRS. P. J. REX,

Secretary.

# The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

## The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

## The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

## The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN & HANBURYS CO., Limited
TORONTO, CAN. LONDON, ENG. NIAGARA FALLS, N. Y

## A Drink in Fevers

A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and-other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

## Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

## New Remedies and Appliances

### Attention, Nurse!

Have you written to the Trained Nurses Suit Company? See their advertisement.

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Nervous exhaustion and melancholic mania are relieved by Celerina in teaspoonful doses three times a day.

## Nervous Mental Exhaustion.

Overworked women and men, the nervous, weak and debilitated, find in Horsford's Acid Phosphate a most agreeable, grateful and harmless stimulant and tonic.

## Packer's Tar Soap.

Those who suffer with rough, chapped hands or painful affections of the skin will appreciate its remarkable soothing and refreshing qualities. Packer's Tar Soap is beneficial to any complexion, and particularly in cases of acne and pimples on the face. Being antiseptic it is invaluable for offensive perspiration, and as a protection against contagion.

## Most Satisfactory.

Merriam Park, Minn., March 5, '07. Ogden & Shimer, Middletown, N. Y.

Dear Sirs—Please accept my thanks for the jar of Mystic Cream that I wrote for. The cream is very satisfactory, and I like it better than any other I have ever tried, and it has a most delightful perfume.

(Name furnished on application.)

#### The Latest-Prunoids.

The latest achievement in the pharmaceutical world is Prunoids. This is a most delightful remedy for the permanent removal of constipation. It is also particularly adapted for patients who are confined to their bed, to produce painless evacuation of the lower bowels. It is a fact that they do not gripe or produce excessive peristalsis.

The Sultan Drug Co., St. Louis, Mo., will be pleased to send a sample free to any of our readers.

## Tyree's Antiseptic Powder.

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"The best baby tonic is Benger's Food, because it helps weakened organs to recover their balance and help themselves," said a celebrated physician.

Clinical reports prove conclusively that when other foods fail to do anything but harm, Benger's Food restores health and strength.

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Half-pound Horlick's Malted Milk, one cup granulated sugar, three pints water, one table-spoonful vanilla, two ounces of chocolate, the white of one egg. Make a smooth paste of the malted milk powder with a little of the water, then add the rest of the water gradually, the sugar, vanilla and the chocolate grated. Freeze. When partly frozen, add the well-beaten white of egg and finish freezing.

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## The Dangers of Cow's Milk

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from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British
Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life, has often been contracted in infancy, from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestlé Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestlés Food, we will be glad to send to any physician.

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consequent irritation which follows the use of impure codeia, but it does away with constipation or any other untoward effect.

## More Success!

Case 2—W. L., aged thirty-one. Acute bronchitis. Painful cough, with difficult expectoration. Glyco-Heroin (Smith) in teaspoonful doses every three hours gave speedy relief, and a cure was affected in a few days.

ARTHUR B. SMITH, M. D.

## Professional Ethics.

Dear Sir—I quite agree with you in the remarks made in yours of October 28, and while I have been very much pleased with the use of your Nauheim Salts, at the same time I must beg you to excuse me from giving you a certificate, as I invariably refuse when asked to furnish such a paper.

(A prominent physician in Washington.)

## Explosion of Natural Gas.

The patient attempted to light the gas under a boiler; the gas being turned on too heavily the result was an explosion, and resulted in one of the worst cases of burning I have ever seen. The usual linseed oil and lime water being applied, I further thought of Unguentine, With its application greater improvement at once became apparent.

Don C. Hughes, M. D.,

## Dropsy.

Mrs. F., age sixty-seven years. Mitral regurgitation. Chronic interstitial nephritis; general anasarca, with all accompanying and distressing symptoms. Diuretin, infusion digitalis and the general agents proved unsuccessful. Anasarcin, one tablet every three hours, encouraged by the use of salines, produced decided relief to such an extent that the patient is now going about in comparative comfort.

THOMAS HUNT STUCKY, M. D.

## Free to Nurses.

G. W. Carnrick Co., No. 42 Sullivan street, New York, will send to any nurse mentioning this journal a complimentary copy of the "Nurse's Handy Book."

It is a handy reference book for nurses,

and contains valuable information which a nurse cannot always remember, such as directions for preparing standard solutions, medical terms used in prescriptions, antidotes for poisons, how to deal with emergencies and much other useful data.

## Steamed Babies.

With the approach of Summer comes the chafing infant whose soiled diaper under an overabundance of clothing steams the delicate skin until it is red as a lobster. Pulvola Toilet Powder is the Doctor's Baby Powder, and where he prescribes it there is comfort, for being neither starch nor talcum, but a stearate of magnesium, it does not form little rolls of pasty powder to aggravate the already inflamed skin under the steaming diaper. Ten years of use in baby hospitals is demonstration enough—prescribe.

## Lysol for Hand Disinfection.

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## The Value of Junket.

Physicians and nurses all know the value of Junket for the sick and convalescent and as a nutritious and healthful food for children. We understand the nutritive properties of Junket, how best to prepare it, the nature of the "Rennet Ferment," its action upon milk, etc., and we feel that our long study and many experiments with the "Rennet Ferment," covering nearly half a century, should enable us to impart some information that will be welcome to the medical profession, as well as to nurses and to those having charge of hospitals and sanitariums. Send for free sample and booklet to Chr. Hansen's Laboratory, Little Falls, New York.



### Get a Seasoned Thermometer.

Many clinical thermometers which register correctly when new gradually read higher and higher the older they become until they are totally unreliable.

The error develops and increases for two years. There is no change after that.

Hegeman & Co., One Hundred and Twenty-fifth street and Seventh avenue, New York City, have put on the market a clinical thermometer which is absolutely reliable and guaranteed to read accurately for all time. Every one of their clinical thermometers is "seasoned" for two years before it is certified. Hegeman & Co. make a special feature of filling mail orders.



## A Stylish Nurse's Shoe.

You must have easy shoes; you can't stand for hours at a time in the ordinary shoe. To obtain comfort many nurses wear plain, unshapely, ill-fitting shoes.

This is unnecessary. By wearing the Red Cross Shoe you enjoy both comfort and style. Its flexible sole bends with the foot, allowing entire ease and freedom. It is made in the latest styles, all leathers.

Your feet will feel right and look right in this shoe. Try on a pair at your dealer's and see for yourself. By writing the makers, Krohn, Fechheimer & Co., 537-557 Dandridge street, Cincinnati, you can obtain the latest style book.



## The Gorham Bed.

The essentially distinctive and superior principle of the Gorham Invalid Bed is the ability to elevate one or both knees while the patient lies upon the back, firmly securing a seat to the buttocks, and then tilting bed, patient and seat with not the slightest jar or change of patient's position.

No patient is too heavy nor too helpless to be handled easily by one nurse. While rest is essential, to require the invalid to eat and drink and to evacuate the bowels and bladder lying flat on his back is a violation of the fixed laws of habit of the body.

An interesting illustrated booklet describing the Gorham Invalid Bed will be sent free on request by the makers, the Bernstein Mfg. Co., Third street and Allegheny avenue, Philadelphia.

## There Is a New Soap in Town.

Of making many soaps there is no end, so a new soap is not an uncommon thing. But this is an uncommon thing in a new soap, for it has a character and quality as superior and distinctive as Mennen's Borated Talcum Toilet Powder, to which it is the natural complement.

Mennen's Borated Skin Soap, put up in a distinguishing blue wrapper, has the same attractive individuality which has made Mennen's Talcum Powder famous the world over. Soap and Powder supplement each other in the work of caring for the skin and improving the complexion.



## How to Keep the Body Free from Odors.

A complete solution of the difficulty is found in the use of a toilet prepration known as "Mum," a pure, snow white cream, that accomplishes the desired end in a scientific and most effective way.

And it does this without injuring or soiling the clothing.

It has no odor of its own. It simply neutralizes the odor of perspiration and all other natural odors by a harmless chemical process.

Leading druggists and department stores carry "Mum," but if you are unable to get it in this way the Mum Manufacturing Company, 1118 Chestnut street, Philadelphia, will send it to you, postpaid, on receipt of 25 cents.

#### +

## Summer Courses in Mechano-Therapy.

The growing interest of nurses in mechanotherapy is shown by the heavy enrollment for the Summer courses in the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia. The Summer classes open on July 8. Nurses contemplating joining this class are advised to apply for admission at once, as the number of students is limited.

The instruction consists of three separate courses in massage and medical gymnastics, electricity and hydro-therapy. The time required to finish the combined three courses is three months.

Daily practical work on ample clinical material and the latest imported and domestic apparatus are provided. For illustrated prospectus and application blank address the superintendent.

MAX J. WALTER, Superintendent,

## PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES

School of MASSAGE AND ELECTRICITY

The Original Place and The Original Method

Four months' course of instruction in Massage, Swedish Movements and Electricity

Fee \$75 for Massage and \$25 for Electricity. Board not included Payment in advance

Lectures Given Weekly by Members of the Medical Staff of the Hospital

Practice daily under constant supervision Certificate Given

Classes are formed in October and January. Pupils have access to the Wards of the Hospital and the numerous cases referred from the clinics

For further information address

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# The Nauheim Baths are given by means of the

# TRITON Beffer VESCENT Bath Salts

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

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Schieffelin & Co.

Sole Licensees and Sole Agents

The
Successful
Treatment
of
Coughs

The successful treatment of coughs always depends upon the extent to which general as well as local vitality can be raised. This is why

# GRAY'S Glycerine Tonic Comp.

accomplishes results in relieving and controlling respiratory diseases that are seldom observed with any other remedy. It imparts tone to weakened tissues, promotes nutrition and increases vital resistance.

A powerful tonic, a reliable reconstructive and a dependable respiratory stimulant.

THE PURDUE FREDERICK CO. 298 BROADWAY, NEW YORK

#### A Calmative and Nerve Tonic.

For nervous irritability and insomnia accompanying the menopause Daniel's Conct. Tinct. Passiflora Incarnata should be administered in teaspoonful doses every hour, gradually lengthening the intervals as the nervousness is controlled.

Its action is especially gratifying with neurasthenic patients. It relieves neuralgia and gives results where other calmatives are powerless.

#### Nourish the Natural Skin.

Resinol Soap is a pure medicinal soap, free from alkali. It has the same medicinal properties as Resinol Ointment, which is the best remedy known for every form of cutaneous disease.

This soap is more than a cleanser—it is a restorer, preserver and beautifier of the skin, lubricating the surface and feeding the true skin, giving it life and adding brilliancy to the complexion.

Send for free sample to Resinol Chemicai Co., Baltimore, Md.

### Blood Food.

If the blood is thin and weak the digestive power of the body is weak. Why feed it food that it cannot take care of? Feed the blood with Pepto-Mangan (Gude) (iron and manganese in a predigested and easily assimilated form), and the whole body is strengthened and reorganized, and the digestive tract will promptly perform its normal function. The already weakened stomach is not compelled to do extra work; Pepto-Mangan (Gude) is immediately taken up by the blood and does not produce any gastric disturbance.

#### Trikresol.

A surgical disinfectant far preferable to phenol, possessing greater efficiency and reliability, with lesser toxicity and irritancy—as was shown by the experimentation of Major Walter Reed, Professors Charteris, Fraenkel, Gruber and others. In contradistinction to carbolic acid, it retains its bactericide powers in the presence of albuminous materials, and does not attack (blacken) intruments or injure fabrics. It has the further advantage of greater economy.

Send for literature to Schering & Glatz, New York City.

## Feeding Children in Wasting Diseases.

Those who make a specialty of nursing children tell us they have been very successful in feeding children Kellogg's Toasted Corn Flakes, first as an appetizer, then as a food and later as a dessert, adding jams or fresh fruit. Especially is this true after scarlet fever, typhoid and other wasting diseases where nothing tastes good, where no matter what is prepared nor how tempting it looks, the children taste it and push it aside. Here's where Kellogg's Toasted Corn Flakes come in. Warm first, then serve with sugar and rich cream.

## Over 60 Years Old.

Over sixty years ago the Pond's Extract Company began the preparation of Pond's Extract, selecting the best and most luxuriant growths of the shrub at the season of the year when richest in extractive material, and perfecting a process whereby an extract of uniform strength and efficiency was produced.

As a consequence, during all these years Pond's Extract has been the standard product of its class, and its purity, unvarying quality and reliable remedial action have created a well-grounded confidence that has naturally led to its preferment by the medical profession.

## Cutting the Expense Account.

Many superintendents in trying to cut down expense accounts make the mistake of ordering "cheap" rubber goods.

Cheap rubber goods are not cheap. In the end they cost more than the better article.

Especially is this true with ice bags. A bag that cannot be depended upon is a nuisance, especially when it leaks or tears (as it generally does) at the most critical moment.

It's mighty poor economy to buy one of the low-priced, unsatisfactory bags, when by spending a very little more you can get one with the quality of materials and the excellence of manufacture guaranteed by the maker, such, for instance, as the "Army and Navy" or the "Perfection" ice bags, made by Meinecke & Co., of New York, and guaranteed by them.

"Get the best-and you'll get the best results."

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## A Clean, White, Healthy Scalp

is absolutely essential to the growth and

## Packer's Tar Soap

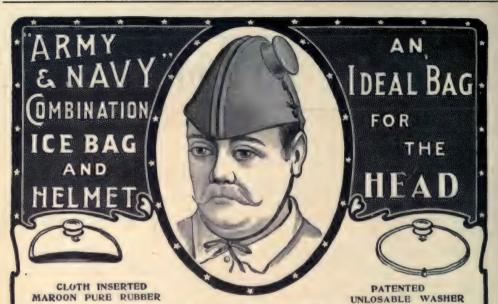
used systematically as a shampoo is a reliable means of restoring and maintaining normal conditions of the scalp structures.

For thirty-five years it has been endorsed and rec-

ommended by the medical profession as the standard soap for the hygienic care of the hair and skin.

Our little booklet on "The Value of Systematic Shampooing," with a sample cake of soap, will be sent to nurses who will mention this journal. THE PACKER MFG. CO., New York





The "Army and Navy" is the only PERFECT Helmet made.

It fits anugly and holds an ample quantity of ice which can be moved to any part of the head, or centered over the base of the brain, if desired.

It can be flattened out to form the regular, round-shaped Ice-Bag suitable for use on any part of the body and especially for the abdomen.

It is made of cloth inserted Marcon Pure Rubber, with screw-cap and unlosable washer.

ADULT'S SIZE, 12% inches in diameter.

CHILD'S SIZE, 10 inches in diameter.

-Price List on Request-

## PERFECTION"ICE BAG

## The Leading Hospital Ice Bag

It holds more ice than other bags, and is lighter in weight.

It can be perfectly adjusted and secured, and has a smooth and flat bottom surface when filled.

Its long, flat surface, makes the bag specially adaptable for the chest or abdomen.

It is the leading Hospital Bag and is made with our non-leaking, metal screw-cap, in both slate and maroon rubber. The Maroon Rubber Bags are fitted with our Patented 'Unlosable' Washers.

Small Size, 5x9 in.
Medium " 6x11 in.
Large " 7x13 in.

Price List on Request



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MAKERS OF ADVANCED SPECIALTIES FOR THE SICK-ROOM AND HOSPITAL WE SUPPLY HOSPITALS AT WHOLESALE PRICES

# The Trained Aurse and Hospital Review

VOL. XLI.

NEW YORK, JULY, 1908.

No. 1

## State Registration for Aurses\*

GEORGE T. SPRAGUE, M.D.

HE art of medicine, ever struggling upward in the effort to become an exact science, has become so broad and complex that the physician is no longer able, unaided, to properly serve his patients. In his dilemma he has found growing up, coincident with his need, a sister profession, complementing and supplementing his own, and upon which depends sometimes more than upon his own skill the well-being of the sick in his charge. Mark you, a profession—no longer a trade, no longer merely skilled labor, but an art; a profession, though without an anchor, without a standard of conduct, without a code of ethics, without protection, without regulated responsibilities and without official recognition.

Recognizing these conditions and needs, the nursing profession has, through pressure both from without and within, begun to solidify and organize. It has formed local, State and national associations, and has begun to seek the authority of the State. Like all new movements, this is meeting with opposition from the ignorant and the prejudiced. It is, therefore, well to consider some of the reasons for a law providing for the

State registration of nurses. In the first place, our patients need it; their comfort, the peace of their families, their reputations, even their very lives, are in the hands of the nurse, and the situation has so grown that neither the family nor the physician can always know the qualities of the nurse in the case. Then, too, the doctor needs a helper who is so thoroughly efficient and of such matured and broadened character that he knows she will carry out his directions to the letter and in the spirit, that she will be able to meet emergencies and that she will make such records and observations during his absence from the case as to advance the scientific side of both their professions.

Most of all, does the nurse need State registration; she needs it for the esprit de corps that comes with it; for the personal stimulation and broadened viewpoint that it brings; for the opportunities of helping those below her and attaining to the standard of those above her that grow out of it; for the power it gives her to protect the public and her profession against persons who, though discharged in disgrace from good schools, practice as graduates of such schools, or who,

<sup>\*</sup>Read at meeting of the Kentucky Association of Graduate Nurses, Lexington.

taking a short cut in massage, claim to have had a full course in nursing, who lie outright and in toto. And, most of all, does the nurse need State registration to enable her to still further improve and unify the curricula of training schools throughout the United States, for no matter what rules an association may devise for the purification of its membership, the only efficient means is the bar at the entrance. Right here should you be most careful and wise in forming your State law, which, I understand, is to be presented to the next Legislature.

The first State law for the registration of nurses was passed by New York, and now New York, New Jersey, New Hampshire, Connecticut, Maryland, the District of Columbia, Virginia, North Carolina, Georgia, Illinois, Iowa, Minnesota, Colorado, California and Indiana have such laws, and there are bills up in nearly every other State in the Union. I have read a few of these laws, but nowhere have I seen either of the two provisos which seem to me to be essential to complete success—a provision that every graduate nurse practicing in the State shall be registered, and provision made for at least one physician on the State examining board. You voluntarily relinquish your most effective means of improvement unless your State Board is able to bring pressure upon the entrance requirements and the course of study of every training school sending nurses into our State, and this can only be done by requiring every practicing graduate to be registered.

As great as your profession now is, and its future promises still greater things, it is, and must necessarily be, subordinate to the medical profession, and I can think of no surer way to secure a sympathetic interest in you as nurses and as a profession than to have a physician on your State Board. It will surely benefit trained nursing if you will do more in the future than you have heretofore to cultivate this bond of union with the medical profession. It should always be remembered that pleasing the doctors is the surest way to add jam to your bread and butter. Lastly, in formulating your State bill, if you are inclined to require a three years' course, as Georgia has done, be sure that the third year makes a better nurse than is made by the two years' course; that it does not put a premium on the student's financial ability; that it does not force the rank and file to take studies that are only needed by the teacher who could better get them in a post-graduate course; that it does not produce that source of irritation to the doctor, who is ever the arbiter of vour success—the over-trained nurse and that it does not keep out of your profession many desirable candidates who can only take a two years' course.

Above all, remember the ideals of your art and your wonderful opportunities for good; remember that technical training alone never yet made a successful nurse: that many graduates of the best schools are failures as nurses, and that nowhere is the true woman, the generous, sympathetic friend, the patient, tactful companion, so eminently successful as at the bedside. Therefore, so construct your law and so appoint your State examining board that the pupil nurses of Kentucky will be selected for their breadth of character, sterling disposition and tactfulness as well as for their ability to study and to work.

## The Nurse and Her Investments

CHARLOTTE A. AIKENS.

WHEN the subject of a nurse's investments is mentioned there are nurses, not a few, who are accustomed to smile derisively at the idea, as though it was preposterous that the average nurse should even think of financial investments. Why should it be? Why should a nurse not look forward to saving money and investing it as well as other women workers, or men, either? For the great majority of nurses there is no reason why they should not, and there are many reasons why they should. No self-respecting woman wants to be dependent on relatives or friends. Protection for her future is one evidence of prudence and self-respect. It ought to receive a great deal more consideration by nurses when they are young than it usually does.

Some very pertinent questions relating to this matter came through the mail the other day. To be sure, the pamphlet was an advertisement, but it contained sound sense, nevertheless. Some of these questions every nurse should ask herself and answer. For instance, this one: "Do you know of any one upon this earth upon whom you would care to be dependent?" Do you?

Or this one: "Do you know of anything more pitiable in this world than an old woman without money?" Do you?

Or this one: "Do you know that there is a certain dignity and moral integrity and self-respect in the personality of the woman who provides for the emergencies of the future?

"Isn't it true that since you have pro-

vided for yourself there probably has never been a year when you couldn't have invested something in security for the future?

"Do you know why you haven't the total in cash or security you should have considering what you have earned?

"Do you know that many a woman along in years has her wishbone where her backbone ought to have been?" Isn't that as true as the Gospel?

The best time to begin to think of and plan for saving and investing is when a nurse first becomes an independent wage earner. The nurse who has never had much money at a time is apt to feel very rich when she gets her first hundred or two hundred dollars. many a nurse the first thought is to invest a goodly portion of it in fine clothes. She perhaps has for long envied the woman who could afford silk dresses and petticoats, or handsome jewelry and ostrich plumes, and a part of her first couple of hundred dollars is very likely to be invested in some of these pretty but unnecessary articles. Or an expensive suit is purchased, which will become antiquated long before it is worn out, or it may be so light and flimsy as to be extremely unserviceable. A suit at ten to twenty dollars less would have answered all the useful purposes of the more showy, costly one and been far more appropriate for a self-supporting girl.

Somehow, without quite knowing how or why, the couple of hundred dollars slip through her fingers. She expects to be earning money right along now. She hopes always to be able to have plenty now that she is fitted to support herself. A certain amount of this money goes for living expenses, room rent, board when off duty, laundry and "incidentals," but in the final analysis the incidentals would probably figure up a rather startling total. And if she sat down to carefully consider the expenditures she probably would find a great many things which she might have done without.

A nurse, not one of the gay or giddy sort either, told me that after seven busy years of nursing she had not saved anything worth speaking of. Her earnings had just slipped away. There had been no serious illness in her life. She had no relatives dependent on her. Her room in her brother's home cost but a very trifling, a merely nominal, monthly sum. She was comfortably busy most of the time—that is, for as many months of the year as she chose to work. She liked to take long Summer holidays, rather expensive ones, too, sometimes. always dressed well. But she did not save. Not a few nurses have come to me at different times and confessed they were "dead broke," or pretty near it. When I saw some of the things on which they had spent their money I did not wonder at it. It seemed sometimes as though their money burned in their pocket till they got a chance to spend it. They always dressed well-too well for people so nearly "broke" as they frequently were. It is undoubtedly true that it requires more brains to know how to spend money than how to make it, and the reason many people are always fluctuating between affluence and poverty is not because they do not know how or do not have a chance to earn a comfortable living and save for the future, but because they do not know how to spend what they do make.

Some one has said that the very first lesson in thrift is keeping account of the items. That is one thing every nurse ought to plan to do, to set down on one side of a little account book every cent of money that comes to her from any source and on the other side every cent that she spends and what it goes for. This account of income and expenditure is very valuable for reference from year to year. It helps the nurse or any woman to get the most profit from her experience in investing, for she is investing her money all the time, whether she realizes it or not, even though she may smile at the mention of "investments" for nurses. She has to spend a certain amount to live. Between the amount expended for the essentials—the things she must have-and the amount she earns she has her choice of investments. She can invest it in pretty finery, in dinners at high-class cafes, in long, expensive railway or water trips and such things, or she can invest it in security for her future. She has the absolute right of choice between the two classes of investments. There is a happy medium between extravagance and parsimony which it is wise to try to maintain. One need not deprive themselves of all the good things of life or of little extra pleasures in order to make provision for the future, but it is wise to keep the future possibilities well to the front when planning to spend an income.

For the young nurse endowment life insurance is probably one of the wisest investments she can make. In spite of the unpleasant disclosures made in recent years concerning the methods of certain life insurance companies, the fact remains that in the vast majority of cases insurance has proven a safe and satisfactory investment. Not one woman in

a hundred can safely invest accumulated money herself. Among the thousands who have lost the savings of years by investing in some get-rich-quick concern women are numerous. That insurance is considered one of the safest forms of investment is shown by the fact that men of wealth are usually men of large insurance, that bankers, professional men, financiers and business men of all classes-men who know the financial situation well and are in a good position to decide what is and what is not a good investment—these men almost invariably carry considerable life insurance.

It is safe to say that few, if any, nurses who take out life insurance policies during the first six months or a year after they become self supporting will ever regret it. The earlier in life after a nurse becomes self supporting that she starts her payments on a life insurance policy the lower the annual payments will be. It will cost a good deal more each year to insure at forty than at twenty or twenty-five. Many a woman at forty or forty-five would gladly even then invest in a policy on the twentyyear endowment plan as she sees old age approaching, for which she has failed to make adequate provision, but the high annual premiums required at that age and the uncertainty of wage-earning ability in these years makes it practically impossible. The best earning years in the life of the average woman are between twenty and forty or forty-five, and between those periods is the time to save. Most of the old-line insurance companies insure women on equal conditions with men. Some companies have certain restrictions about military or naval service, but in others there are no restrictions as to occupations or place of residence. The applicant must be in good health and

able to pass a rigid physical examination at the time the application is made. For a sum ranging around from thirty-five to fifty dollars, or less, a year a nurse can start investing in a one-thousand-dollar endowment policy and draw the money, with interest, at the end of twenty years. In some companies, known as "mutual" companies, annual dividends are declared, which can be used to reduce payments, or the profits on the amount of the premiums invested may be left at compound interest, to be drawn whenever necessity arises. Other companies issue policies on the accumulated dividend plan. There is no distribution of the surplus which the money invested has earned until the period named in the policy has expired. After all the annual payments are in the holder of the policy receives the amount for which she contracted with the company and in addition a share in the general profits. All through the twenty years she has had the benefit of the insurance. In case of her death her heirs would have received the full face value of the policy.

There are a great many different methods by which the insurance can be managed which need not be entered into here. Any one who is interested can secure such information quickly by addressing a request to a reliable company. The object of this article is simply to call the attention of the young nurse who is apt to spend money freely and not always wisely to the matter of beginning while young to systematically save at least a certain amount each year. Once the habit is started the little savings account will grow.

Before attempting to do business with any company the advice of some experienced business man who is not interested in the company should be sought. There are good and bad insurance companies, just as there are good and bad everything else. If the annual premiums are very much lower in one company than another, it would be better to thoroughly investigate the standing of and get advice from different sources before venturing to do business with the one quoting the low figure or making glittering promises. The lowest annual rate quoted does not always mean the best investment.

Supposing a nurse under thirty years of age decided to invest in a two-thousand-dollar twenty-year endowment policy with a "mutual" company. Under ordinary circumstances there should be a surplus of from three hundred to five hundred dollars or over in addition to the face value of the policy coming to her when the term has expired. The interest on this sum at the rates that now prevail would not make a nurse independent, but it would be well worth while to have a definite sum of that amount to look forward to. Lots of people would not save at all if they did not have to make those annual payments, which will come back to them later on. It would not be wise to put too much of one's earnings in life insurance, for every one comes to a time when they need to have a bank account to draw on as well.

Probably the average nurse, in common with other women, looks forward to marriage, to having some one to make a home for her and support her, and that doubtless has a good deal to do with the improvident spirit displayed by some nurses. But the Prince Charming doesn't always come, and often when he does come he is so far from charming in her eyes that the nurse prefers self-support and single blessedness. Whether or not the Prince comes, or is expected to come,

it should make no difference in deciding the question about provision for the future. He is not likely to object to such a habit in a young woman. It is to his interest as well as to hers to provide for the proverbial rainy day, and no nurse is too young to begin to protect her future. Years of plenty there will probably be, but lean years will come. Long seasons of rest, enforced or otherwise, are apt to become realties. Some years expenses may be heavier than others, but most nurses can plan to systematically save at least one hundred dollars a year. They ought to do much more than that.

One of the rules of a prominent visiting nurse association is that each nurse in its employ must deposit seven per cent of each month's earnings with a local bank. That much must be to her credit, and the bankbook must be open for the inspection of the association. It is a wise rule to impose in order to foster habits of thrift.

In quite a number of States banks allow four per cent interest on savings accounts, and banking by mail is becoming quite common. The reliability of a bank, like that of an insurance company, is a matter on which advice should be secured from wise business men. In spite of panics and occasional bank failures, there are plenty of reliable banks in all cities where money is safer than it can be while in the nurse's possession. It is never a good plan to carry much money about, and trunks are about as unsafe receptacles in which to hoard savings as could be found. The old teapot on the top shelf of the cupboard or the famous "stocking" which is sometimes produced by eccentric people with their savings in it are safer than a trunk.

In years gone by schemes for a na-

tional nurses' home or for raising a national pension fund for nurses has been talked of in this country. Some such pension fund for nurses exists in some European countries. Whatever may be the conditions calling for it in those countries, a pension fund is certainly not more necessary in the United States or Canada for nurses than for any other class of women wage earners. Surely no self-respecting nurse would care to have nurses singled out as a class for whom a charitable fund should be raised. If the time does come when we

have to go back home and live off the bounty of our relatives, or apply for a snug corner in some old ladies' home, or wend our way to the county poorhouse, let us do it as gracefully and cheerfully as we can. But let us at least have the comforting assurance that it happened through no fault of our own; that it was not because we did not try while we were young to make provision for the future.

In another article other forms of investments which some nurses have found worth while will be discussed.

# A Nurse's Day

Out of your night clothes and call for a cab, Soap, sponge and water to give face a dab; Pack up your suit case and then off you go, Not knowing where till the cabman says whoa!

Off with your street clothes and grab uniform; Hustle, be quick, why are you so long? To dress and undress would make some people thin:

The friction you'd think would wear off the

Out of your uniform, dress for the street; Here you must hurry, but look very neat; Then for your airing, for hours, one, two; Be back on time or the air will be blue.

Off with your street clothes to uniform plain; Then at it again to help soothe the pain; And thus we keep busy from morn until morn; Oh, yes, we are happy, and never forlorn.

-M. M. Y.

# The Professional Aurse and the Schools for the Training of Professional Aurses

CHARLES EDWARD WATERS,
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A MONG the responsibilities confided to women in all of the walks of life, there is none of such widely accepted importance as the one which, from the highest motives, prompted them to devote their lives to the relief of human suffering. Olympia was described by Chrysostom "as most noble in character, and for her exposure in behalf of others as living in perpetual fellowship with pain." Lecky, in his "History of European Morals," says: "A Roman lady named Fabiola, in the fourth century, founded at Rome, as an act of penance, the first public hospital," and he further declares, "the charity planted by that woman's hand overspread the world, and will alleviate to the end of time the darkest anguish of humanity." Paula, a Roman lady (descended from the Scipios and Gracchi), left Rome in the year 385 A. D., accompanied by her daughter, and took up her residence in Bethlehem of Judea, where she assembled about herself a community of women who spent their days in prayer and in good works. In an old translation it is written that Paula "was marvellous debonair, and piteous to them that were sick, and comforted them and served them right humbly. She laid the pillows aright and in point, she rubbed their feet and boiled water to wash them." In the year 660 the Bishop of Paris founded the hospital afterward known as the Hôtel Dieu, where nursing sisters attended upon the sick from motives of piety. time The Béguines, or hospital sisters,

organized a community at Liége. There were twenty of them in one hospital, and their duties began at 4 o'clock in the morning, some of them being constantly engaged in their labors among the patients. They prepared as well as administered the medicines used.

Early in the seventeenth century Vincent de Paul invited women to his aid in the ameliorating of the conditions of the poor and suffering. Madame le Gras came to his aid, and one result of their united efforts was the first organization of the Sisters of Charity. Later these sisters were found on the field of battle in groups of two or four to care for the wounded. They were found in the hospitals of Warsaw when the plague broke out in Poland. In 1640 members of religious sisterhoods are recorded as nurses at Quebec and at Montreal, where a hospital was erected a few years later.

In 1822 a German clergyman, Mr. Fliedner, went from Kaiserwerth (near Düsseldorf), on the Rhine, to collect funds for a church. While in England he met Elizabeth Fry and his mind was turned toward the objects engaging her attention. He afterward founded an institution for discharged women convicts, a lunatic asylum, an orphan asylum and an infant school and in the year 1836 a hospital. He had been led to think of the hospital partly from the want of good nurses for the sick and partly from a perception that the women who had voluntarily assisted him required a larger sphere for the exercise of their faculties.

But the chief purpose of that hospital was to serve as a training school for nurses. Every woman who offered herself (and there was no lack of applicants) was taken on trial for six months, during which time she paid her board and wore no distinctive dress. If she persisted in her vocation and was accepted there was a further probation of from one to three years; she then assumed the hospital dress and her board and lodgings were free. It was in that hospital that Miss Florence Nightingale took a regular course of training before she took charge of the Female Sanitarium in London, and after her return to England from the Crimea the school for nurses was opened at St. Thomas's Hospital, London.

When the Civil War, 1861-65, began in the United States the representatives of the several sisterhoods were at once ready for service. On April 29, 1861, there was issued a call for a meeting (held on May 18 of the same year) of "the women of New York, especially those engaged in preparing against the time of wounds and sickness in the army." A plan was submitted to the War Department that a selection out of several hundred candidates of one hundred women, to be trained "in a most thorough and laborious manner by distinguished physicians and surgeons of the various hospitals in New York," be made, and that the War Department receive these nurses, "on wages, in such numbers as the exigencies of the campaign may require." The plan was carried out, and much has been written of woman's work in the Civil War, of her heroism and of the relief experienced at her hands by the soldiery.

Mrs. Dacre Craven-née Lees-the eldest living pupil of the Nightingale

Hospital, London, was a volunteer worker in the Franco-Prussian War, 1870; she was placed in charge of the fever station at Merange—before Metz.

In the United States the Lying-In Charity Hospital, Philadelphia, reported a Nurse school in 1836; the Woman's Hospital, Philadelphia, reported a Nurse Training School in 1861, and the New England Hospital for Women and Children, Boston, reported a Training School for Nurses in 1863. Bellevue Hospital, New York City, is the first general hospital to report the establishment of a Training School for Nurses, in 1872. In 1870 there were but eleven schools for the training of nurses (located in the cities of Boston, Brooklyn, New Haven, New York, Philadelphia, St. Louis and Washington, D. C.,) known to the Bureau of Education. And from that small beginning the number of schools has grown with a marvelous growth.

Without in any manner undervaluing their important work, it may be repeated that training schools for nurses were first recognized as schools for instruction in a species of handicraft or wage occupation, rather than as a means of education or mental training. A D. D. S. before his class on one occasion addressed them as follows: "I am instructing you in what I know myself. I have gone before, you are to follow me." His students were to render themselves skillful by means of manual dexterity or handicraft, rather than to know their chosen profession in a manner fitting them to assume new and unexpected burdens, and to be resourceful in the face of ever-arising problems. In the schools for the training of nurses methods have been introduced and the nurse learns the bearing of scientific laws and applies them intelligently to the amelioration of the condition of the sick; her ears are trained to quickly hear, her eyes to see accurately and her hands to do that which is best to be done at the moment. In the absence of the physician she represents him, replaces him in the family, and she assists him in his labors with efficiency and helpfulness. Whereas the untrained nurse, being unable to understand the higher range of the new education, will fail in that regard.

The impressions of the nurse on the child have been likened to the colors of wool for which its plain whiteness has been exchanged, and it is in the public schools that the professional nurse becomes a "missioner of health." It is there that she observes hygienic conditions as well as watches over the health of the pupils. She may visit the homes of the school children, where she can give instruction that will improve the conditions of their home surroundings. In the church it is difficult for the clergyman, weighted with the care of the souls and of the sorrows of his parishioners, to be a student of medicine. Those sorrows most often have to do with the secrets and problems that arise from disease (inherited or otherwise), and frequently the cooperation of the clergyman is required to convince the patient that the physician's diagnosis is a sound and a correct one. A knowledge of the laws of health cannot be obtained otherwise than by study of medicine. It has been written that the good man in the physician has carried his propaganda into the home, the school and the church. And the good woman, trained in her profession, as the missionary nurse (or the "church missionary") cannot fail in her having an enlightening and an elevating effect on the individual, the family and the church. On board the great transatlantic steamships the professional nurse alleviates the sufferings of those who may define the earth as the one thing greatly desired by themselves. In the family she is a "ministering angel" to the afflicted. In the hospitals established by the State, hospitals established by great corporations (or endowed by individual members of those corporations), the professional nurse is an absolute necessity. and the more ignorant or careless the sufferer may be, the greater the need for the watchful care and for the services of the trained nurse.

In institutions for the higher education of men and women, the profession of nursing is being recognized and the degree of D. N. (Doctor of Nursing) has been conferred by one institution at least. And to-day there are in the United States more than 1,000 schools for the training of nurses, with 21,000 students and nearly 7,000 graduates during the year 1907. The capacity of the hospitals connected with those 1,000 (and more) schools reaches 176,000 beds.

In more than one-fourth of the States forming the Union laws have been passed for the registering of the nurse and for her protection in the practicing of her profession—nursing. The general recognition of nursing as a profession cannot be longer delayed.

# Worms in the Living Body

MARION FOSTER WASHBURNE.

A LMOST every tissue and organ of the human body may be invaded by parasites. Most of these are in the intestines, but some are in the skin, some in the muscles, some in the eyes, some in the kidneys, the, liver, the brain, the heart and the blood. In short, there are fifty-five living creatures that infest the body of man! Some of these actually have their own parasites, which live upon them as they live upon the man whom they inhabit. There is more truth than poetry in the old saying:

These fleas have other fleas to bite 'em, And these fleas, fleas, ad infinitum.

The most common of these parasites are intestinal worms. Of these there are three common kinds: First, the small thread-worm; second, the long round-worm, and, third, the common tapeworm. Lucky is the person who at some period of his life does not suffer from one of these three.

#### THE THREAD-WORM.

The common thread-worm (Oxyuris Vermicularis) is the smallest, being only one-fourth inch to an inch long. It appears in clusters and is common both to domestic animals, especially the horse and the dog, and to children. It never appears in breast-fed babies, unless in addition to the breast milk they are fed other foods, especially those containing a good deal of starch. The symptoms are: local itching, worse in the evening, an irregular or depraved appetite, bad breath, picking at the nose, a puffed face. straining, disturbed sleep and restlessness. When two or three of these symptoms exist together, the child should be watched and closely examined for worms. These may be most easily discovered when the child is asleep and warm in bed.

Such worms may pass from one child to another. This fact makes another reason why the careful mother will not allow her children to sleep with other children.

The eggs of the worms enter the child's body by means of vegetable food not properly washed, or by water, or by raw or undercooked meats, especially pork. The drinking water should be first suspected. If it comes from an uncovered spring or stream to which animals have access it should be boiled before using, no matter how clear and pure it may look. All fruits should be well cleansed.

Thread-worms propagate themselves with extreme rapidity. The manner of their growth is peculiar, and a knowledge of it is necessary in order to know how to cure the trouble. The discovery of the method of propagation was first made by an American veterinary surgeon who was trying to discover a method of getting rid of thread-worms in horses. He found by close investigation that the female worm before projecting her eggs caught hold of the mucous membrane just within the sphincter anus and discharged its eggs around the anus. In a few hours these hatched and the young worms crawled inside.

Soon after this discovery a Boston physician thought the same thing might be true of thread-worms in a human being. He therefore asked the parents of a child who seemed to be suffering from this trouble to watch for the next occasion in which the child was much tormented by pain and itching. At such a time he thought the female worm might be depositing her eggs. He therefore instructed the parents to pass a damp piece of black silk over the parts at such a time, and then fold it and send it to him. He examined it under the microscope and found that, sure enough, it was covered with a large number of fine eggs.

This observation led to the further discovery of a simple and efficient means of cure. It is merely to wash the parts several times a day and smear them afterward with lard. This so far protects them that the eggs cannot find a place in which to rest until they hatch; and as the life of the parent worm is of very short duration, about eight days of this treatment, thoroughly persisted in, will rid the sufferer of the nuisance. In fact, one family physician says that the habit of washing these parts with good soap and water every day is in itself sufficient to prevent thread-worms.

#### THE ROUND-WORM.

The long round-worm (Ascaris Lumbricoides) is like a pale-colored earth worm, though an extra large one. It is from six to fifteen inches long and inhabits the small intestines. Sometimes, however, it passes up into the stomach and is then vomited out, much to the horror of the patient. Or it may pass down into the large intestines and pass away with the rejected food. This, however, it seldom does unless it has already multiplied considerably.

It is exceedingly prolific. Scientists calculate that there are about sixty million eggs to each worm, of, in other words, the female worm lays about one

hundred and sixty thousand eggs a day! Laid as these eggs are in a soft, moist, warm place, they are incubated with extreme rapidity, and the creatures grow until they fairly fill up the inside of the sufferer. It is only then, when they are crowded into the stomach or into the lower intestines, that they appear so that the patient knows what the trouble is and calls in the doctor.

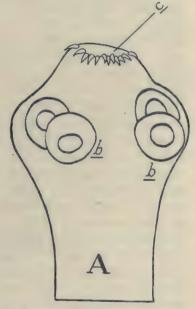
Previous to this there had probably been a long period of comparative ill health and discomfort. The predisposing cause is an unhealthy condition of the intestines, which are covered with a thick, slimy mucus. Their condition, indeed, is almost like that of the inside of the nose when one has a heavy cold. In this fertile soil the eggs, which come into the stomach by means of, say, half-washed lettuce leaves or unfiltered water, find an excellent nidus for their development; while in a more healthy child the acid secretions of the intestines themselves would prevent their development.

Two things, then, are necessary to a successful development of these abhorrent internal reptiles: First, the eggs of the living creatures, and, secondly, a proper medium in which to develop and hatch them.

This internal condition of the mucous membrane lining the intestines is well indicated by the tongue. Whenever this is slightly slimy, especially in the middle, where it is covered with a thin, grayish, transparent fur, while the borders are covered with little pinkish-red grains, unusually raised and distinct, there is reason to suspect that the owner of that tongue is also the unwilling owner of a great many worms. When added to this is pallor, dilated pupils, dizziness and disturbed sleep, with grinding of teeth, pains and swelling in the abdomen,

a depraved appetite—that is, an appetite for unnatural and queer articles of food, such as chalk, strings, etc.—and with itching of the anus and sometimes a chronic diarrhœa, worse at night-when all these symptoms occur together or any considerable number of them it is almost certain that the child is afflicted with long-worms.

The treatment consists in removing such parasites as can be reached by means of injections of a half pint of This should consist of simple, properly cooked food, given only at the regular meal times. Beef, mutton, fowl and fish are allowable. No salt meats, but plenty of salt; and no cakes, pastry, sweetmeats, butter, veal or pork. Potatoes should be given seldom and only then when steamed or thoroughly boiled. The child will crave all forms of starchy food, such as potatoes, crackers, cookies, etc., but he must not be permitted to yield to this craving.

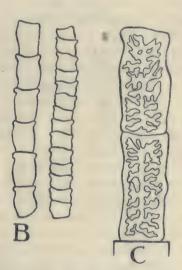


A. Head of tapeworm, magnified 50 diame-

b. Sucking-disks (so-called "eyes").c. Hooks (so-called "teeth").

water containing one spoonful of salt. This should be given at night and repeated two or three times a week for several weeks.

The general health of the patient must be looked to. No precaution will suffice to keep the worms from growing within unless the intestines can be brought into a more healthy state. Therefore it is necessary to put him on a rigid diet.



B. Half-developed and fully-matured segments, natural size.
 C. Segments with reproduction apparatus, magnified 2 diameters.

There is one remedy which is confessedly a specific for all the larger kinds of worms (a specific, you know, is a remedy which always does its work in certain diseases). This remedy is santonine. Its popular name is wormseed, which fact shows that its use was recognized long ago when the plant was first named. It should be obtained at the drug store in what is called a IX

trituration—that is, a powder consisting of one grain of powdered santonine to nine grains of sugar of milk. Have the druggist make this up into little packages, each containing two or three grains of the IX trituration. One of these powders should be given before each meal. There is no danger at all in this remedy thus given, and it is, if followed up by the treatment above advised, a sure cure.

The tapeworm (Tænia Solium) is white, jointed and flattened, like a piece of white tape, a little over a half inch wide, that is drawn up with a drawstring at intervals of about half an inch. It does not look so much like a living creature as like a tapelike extension of smooth, white meat; but it really is a living creature, with power of motion, of feeding and, alas! of propagating its kind. It lives in the small intestines. Usually only one, two or perhaps three inhabit the same person, but sometimes there are many of them.

It is commonly believed that if in getting the tapeworm away from an afflicted person a single section of it be left behind that section will grow until it becomes another worm. But this is not true. It is true, however, that the remaining section may contain eggs which in a favorable environment will themselves develop into another tapeworm or several of them. These tapeworms sometimes grow to a length of fifteen or more feet without their presence being suspected.

The symptoms are ill marked, until some day some joints of the whitish creature are passed from the bowels. The abdomen is usually heavy and somewhat enlarged, especially in the neighborhood of the navel. Perhaps the most marked symptom is the excessive appetite of the patient, who eats ravenously and constantly, but does not gain flesh. Nearly all of his food goes to feed the worm within. This single symptom is enough to give rise to suspicion.

If it persists there is no harm in giving the following remedy in three doses. If there is no worm present nothing particular will happen. But if there is, segments of it will presently appear in the evacuations, which must be carefully inspected: Put one-half pound pomegranate root into one quart of water and boil it down to one pint. Drink this all in one day, in three doses, preferably after a fast of from twelve to twenty-four hours.

When the worm begins to come away it must be carefully watched and the treatment repeated until the head appears. This is small, but of a different shape than the rest of the worm. It has two, or rather four, so-called "eyes" in sets of two, which may be distinguished by close observation. These eves are really sucking-disks, with which it clings to the intestinal walls. The head is also provided with hooks (so-called "teeth") to help it cling. In order to weaken this grasp by hunger the long fast is advised preceding the taking of the medicine. So long as it remains the rest of the worm is sure to grow. Therefore unless it be secured the work of removal will all have to be done over again.

These measures are necessary to get rid of worms once they have made a place for themselves, but the prevention is simply good health and care in the preparation, especially the cleansing, of food.

## Stomach Disorders of Infancy

KATHLEEN L. MILLIGAN.

PROBABLY every child at some period or periods of its infancy, and particularly during the time of dentition, is subject to more or less serious disturbances of the alimentary tract.

These disturbances are frequently slight, causing no particular discomfort or illness, and will often right themselves in robust and healthy infants or easily yield to slight care and treatment, but very frequently indeed they are more obstinate, and will, if neglected or unskillfully cared for, assume more and more serious proportions, resulting in dangerous illness and often death.

It may be broadly stated that all stomach and intestinal disorders in children are caused directly by indigestion. The consequent fermentation and formation of ptomaines is followed by autotoxemia.

Digestion takes place when the digestive fluids are normally secreted and act on normal food.

Indigestion takes place when the secretions are disturbed or when the food taken is abnormal.

The digestion of the infant is peculiar in that the salivary glands are undeveloped and not brought into requisition, their secretion being unnecessary to the assimilation of the normal food of that period, which contains no starchy matter. At the beginning of dentition, the salivary glands become active and interfere, to a limited extent, with the digestion of the mother's milk because the flow of saliva is freely swallowed by the child, thus diluting and neutralizing the gastric

fluids. At this time it is necessary that the infant shall receive gradually a little food of a more solid and starchy character. It will gladly chew a crust or a cracker, and a little spoon feeding should be added. Fine and carefully prepared oatmeal gruel is excellent, as well as cornstarch, sago, arrowroot, etc. The cow's milk added to these should not be poor nor too rich, and sugar had better be omitted or used most sparingly.

The symptoms of indigestion are constipation followed by diarrhœa, the discharges being of abnormal odor and usually dark-greenish in color, containing numerous particles of curdy, undigested milk; sometimes vomiting, also fetor of the breath, with all the attendant symptoms of ill health, fever, colic, peevishness, sleeplessness, etc.

Ordinarily a dose of aromatic syrup of rhubarb, one teaspoonful, will be all the medication necessary if given in time, and the diet is regulated.

Toast tea is one of the most valuable of simple remedies in all troubles arising from indigestion and is particularly useful to allay vomiting. It contains liquid diastase and is the most appropriate, easy and effective digestive. The bread should be a little stale and browned clean through, but not burnt. Of this make a tea and give a few spoonfuls as needed. In severe cases the medicine par excellence is mercury-cum-creda, or mercury with chalk; the action of the mercury is immediate stimulation of the bilary secretion; that of the chalk is antacid. Dose: two grains given every two hours till six grains are given. Follow this with a teaspoonful of aromatic syrup of rhubarb. This laxative is chosen because its physiological action is to produce heavy and abundant discharges, thus effectually cleansing the alimentary tract, and the spices with which it is compounded, viz., cloves and cinnamon, possess the most highly anti-These spices were septic properties. used by the ancient Egyptians in the process of embalming, not probably because of their knowledge of antisepsis, as modernly understood, but because they had learnt by practical experience that the use of these agents prevented putrefaction.

The syrup of rhubarb is a pleasant medicine readily taken by little patients.

The mercury-cum-creda is best given in powdered form mixed with a little of the aromatic syrup.

These active remedies should be followed by lime water or borax solution. given in doses of one teaspoonful; dilute well. After each action of the bowels this maintains an antacid and aseptic condition of the alimentary tract.

Digestion should be assisted and maintained by the administration of lactated pepsin given after each feeding. Dose: about four or five grains dissolved in tepid not hot water.

If the child has a healthy mother there is no need of any change in the food supply, at least until the most active symptoms abate, when it will be well to introduce a little delicately prepared solid food as before directed. But if there is good reason to know or suppose that the mother's milk is not of a wholesome character, the child had better be placed at once and entirely on artificial food. Nothing can better serve the purpose at this time than Horlick's Malted Milk. It may not be out of place

here to add a suggestion in cases where the mother's milk supply must be dried up. If a dose of a saline cathartic is given every morning it will assist most materially in lessening the secretion and will save much pain and trouble to the mother and to the nurse. A well applied breast bandage and a dose of salines every morning ought to dry up an ordinary milk supply in three days.

Artificial foods should be sterilized and the use of cane sugar prohibited, as it furnishes a medium for the growth of bacteria. If sugar is required, the sugar of milk should be used and the use of all sweetmeats interdicted until convalescence is well established.

Massage of the abdomen is contra-indicated. The child should be dressed warmly, if the season is cool, not too warm for comfort in hot weather, and should be kept in the open air.

Hydrotherapy has a distinct place in the treatment of these cases. Nothing will conduce more towards general recovery than the constant dilution and irrigation effected by the free application of pure water internally and externally.

Baths should be freely and repeatedly given, especially during fever. It must be the endeavor of the nurse to restrain the child's fever below 102° F. When it exceeds this limit she must know that rapid destruction of the red blood corpuscles is taking place. Under ordinary circumstances a temperature of 95° or 98° F. is sufficiently cool for the bath. Immerse the child in this for a few minutes, then remove from the bath and wrap in a blanket wrung from the bath water, place a dry blanket outside and lay upon the bed. During defervesence the patient usually drops to sleep.

Give plenty of pure or sterilized drinking water.

To impress the importance of this point upon nurses, I will give an illustration: I recently knew of a case of this kind, in which the mother took care of the little patient, and, although an unskilled woman, she noticed after some time that urination did not take place. She begged the attending physician to use

a catheter. He declined to do this, and also failed to catch the idea, that if the bladder had been filled it would inevitably have emptied itself. But the waste from continued fever completely exhausted the insufficient supply and the child died, I think I may safely say, from want of water.



FIELD HOSPITAL AT CHICKAMAUGA DURING THE MANOEUVRES, 1906.



STRETCHER DRILL, U. S. HOSPITAL COMPANY.

# Field Hospitals

SERGEANT JULIUS LIEBLINGER.
U. S. Hospital Corps, Camp Columbus, Cuba

I N order to meet emergencies promptly, and to relieve grave and distressing conditions with the least possible loss of time, fully equipped army field hospitals are kept in readiness at various points all over the United States for immediate use.

They are designated by number, provided with a personnel of five medical officers and fifty-seven enlisted men, and, during active service, are subdivided into a "Hospital Section" of 108-bed capacity, requiring eight four-horse wagons for the transportation of the tentage and the equipment, and an "Ambulance Company Section" equipped with vehicles for the transportation of the disabled (usually ten ambulances). A field hospital can be built and fully equipped in from three to six hours. The constructing officer, aided by his assistants, lays out the grounds, measure the tent space and distance between tents, assigns the different hospital departments, reserves space for streets and roads and supervises the work in general. Energetic work and vigorous activity reigns everywhere. The canvas men raise one tent after the other with the regularity of clockwork. The equipment is unloaded, distributed all over the hospital and unpacked-everybody works, eager to establish a domicile for themselves and for others more needy of one.

The various hospital departments are housed in tents, 12½ feet square, 11 feet to the ridge, with walls 4½ feet high. Tents of smaller dimensions are used for accommodation of medical officers and hospital corps men.

The Munson and the Gilchrist tents are favored for the acommodation of the wards, being improved by increased ventilation facilities and comfort in general.

The hospital equipment is admirably composed and packed, and just as compact as it is complete. Specially devised for the wear and tear of a long campaign, the various articles are packed into strong boxes, into oaken, brass-lined chests, canvas-covered and securely crated, and the bedding and clothing carried in leather-lined, waterproof canvas cases, well protected against heat, cold and moisture.

The individual members of the corps are supplied with personal equipment for first aid work outside of the hospital grounds. The privates and privates first class carry hospital pouches suspended from their shoulders, which contain the following:

Case with Ardessy forceps, scissors, pins, etc.

Roll of wire gauze, used for splinting. Glass of aromatic spirits of ammonia. Rubber tourniquet, knife, with sharpedge blade and saw-blade.

Eight first aid packets. Six gauze bandages.

Roll adhesive plaster.

These articles, essential and efficient for the purpose designated, are never entrusted to one not familiar with their proper uses. Four hospital companies are maintained (Washington, San Francisco, Camp Columbus, Cuba, and Camp Mc-Kinley, P. I.) for the education of the Hospital Corps novice. The men are trained for four months in the various

branches pertaining to their future duties, are instructed in all phases of the care of the sick and the wounded, in the application of first aid dressings, observation of symptoms, administration and uses of medicines as far as their duties are concerned, in the preparation of diets and convalescents' foods, details of ward management, etc.

An emergency case, with medicine in tablet and pill form, with a hypodermic syringe and H. tablets and an instrument The front centre tent as administration and office tent. Here arrangements are made and changed, orders issued and enforced; here the keys to all other departments are kept, the work of the individual watcher approved or disapproved, records of patients and of personnel prepared and preserved and all clerical work performed. This tent is equipped with the field desk, which contains medical and military books, blank forms, stationery, writing material, etc; and when



FIELD HOSPITAL, SAN FRANCISCO, CAL-

case with a limited number of instruments is carried by the non-commissioned officer of the Hospital Corps. The orderly pouch—a pouch devised for surgical work outside of the hospital grounds—containing surgical appliances, chloroform, ligatures, instruments, etc., is carried by orderlies for immediate disposal of the medical officer.

A complete field hospital is pitched in three two-section rows, with three tents to a section and single tents in front and in the rear of the sections, utilized as follows: opened reveals a comfortable pigeonhole desk—an office in miniature.

The dispensary tent is situated to the right of the office tent. Here patients are received or admitted, sick call held, medicines prescribed and issued and treatment administered. All medicines and utensils are carried in the medical chest and six reserve boxes with a supply for six months. The solids are furnished in tablet or pill form. Special provisions are also made for such tablets as are usually prepared in solution, and known as liquids only—paregoric tablets,

Brown Mixture tablets, belladonna and camphor liniment tablets (dissolved in alcohol when needed), nitroglycerine tablets, chloroform comp. tablets (similar to Squibbs mixture), etc. Very few liquid medicines are supplied, mainly chloroform, glycerin, castor oil, turpentine, alcohol, aromatic spirits of ammonia, sweet spirits of nitre. Really surprising and wonderful is the compactness of the medical chest. The volume of material which can be spaced into this limited chest through clever utilization of space, when unpacked, almost totally equips the whole tent. It contains eighty-four distinct articles-a graduate, mortar and pestle, pilltyle, stethoscope, stomach tubes (2), atomizer, syringes, trusses (3), about fifty medicines, medicine vials, corks, pill, powder and ointment boxes, plasters in cans, towels, report book, medicine glass, teaspoon, measure, test tubes, thermometers, etc. The chest is easily unpacked, but requires a wellposted packer to be restored again into original compactness, a task rarely accomplished by the novice. The acetyline illuminating outfit, the hospital gas plant, is usually operated in this tent, leading the gas-generated by the union of calcium carbide and water-through rubber tubes into the various tents.

In the third front tent is housed the Hospital Quartermaster Department, which takes care of the hospital property and the transportation, which records, receives, stores and issues the property and the various supplies and which moves and transports the hospital whenever necessary. Eight four-horse army wagons suffice to load the entire hospital property for transportation.

A spacious street (about eighteen feet wide) separates the front row from the rows of ward tents, which are usually pitched in three two-section rows, three tents to each section, comprising a total of eighteen ward tents.

The front tent of the surgical tents (usually behind the dispensary tent) is used as operating tent, being especially convenient by close connection with the ward and not exposed to full view, as is the case with the front tents.

The white enamel operating table in the centre is surrounded by the surgical chest, the sterilizer chest, boxes with dressings, surgical appliances, etc.

The surgical chest, although not larger in size than an average travelling satchel, contains surprisingly extensive contents, composed of a very complete surgical department in miniature. It contains among others a case with about 100 instruments, a small case for handy use, with about 18 to 20 instruments; an aspirator in case, a case with tooth extracting forceps, anesthetics and inhalers, bandages, dressings, catgut, sponges, spongeholders, antiseptics and, last, but not least, a handbook on surgery (Hofnagels).

The sterilizer chest is equipped with a hot air and steam sterilizer, with a blue-flame oil stove, with the necessary agate and wire trays holding rubber basins, rubber gloves, aprons, towels, sheets, brushes, soaps, phenol, cresol, bichloride tablets, splints and bandages, with a complete stone filter and universal tool out-fit and all necessary material required for a safe and efficient sterilization of instruments and dressings and disinfection of non-sterilizable material.

The dressings are packed in small packages which are specially prepared for the field under the strictest method of modern surgery. Their sterile condition is preserved by a secure and permanent packing, impenetrable by air, moisture,

light and outside influences in general, gauze, cotton and cotton dressings are wrapped in several layers of paper and cloth in outside wrapper of cardboard, which is impregnated and covered with a film of paraffin or wax. This makes the package waterproof. First aid packets are usually wrapped in cloth or oil-fabric or contained in a metal case (not easily penetrated or broken, but easily opened whenever required). Boxes about two inches square hold forty-eight compressed sponges in disk form. Their bulk is reduced to a minimum, but is regained when thrown into solutions. In the latter condition they would require the space of about twenty times this dimension. Supplies are usually resterilized before use and invariably submitted to different methods of disinfection in case of the slightest doubt.

The operating tent is illuminated brilliantly with a four-burner cluster.

The wards are equipped with folding furniture and bedding units, one unit to the tent, containing I table, 2 chairs, 6 cots, 18 cots to the section and 108 to the hospital. The bedding unit contains blankets, pillow cases and slips, mattresscovers and bedsacks, mosquito-bar, sheets, towels, rubber cloth and gowns. Reserved units are kept in readiness should it become necessary to increase

the hospital bed capacity. The cots are arranged in such a manner as to allow space for a centre street for free passage. Ample space is provided for the furnishings in every department by clever arrangements and rational utilization of space.

In the rear of the hospital are the kitchen tents, the dining tents and minor departments. In larger establishments usually two kitchens are operated—one for the patients' diet, the other for regular fare—for the benefit of the personnel.

The Bussicott field range—used all through the army—is also here used, associated with the field chest, containing pure foods and dietary, as malted milk, chocolate, sugar, oatmeal, rice, condensed milk, beef extracts, etc., and the mess chest, containing tableware and utensils for 108 patients. Patients are comfortably and safely housed and as well taken care of as if enjoying the comforts and conveniences of a permanent hospital.

Nothing is spared and no means neglected to add to the welfare of the sick or wounded soldier in the field, to improve his condition, to speed recovery and restore health.

Fresh air and good ventilation are plentiful and add considerably to this record of success.



U. S. HOSPITAL COMPANY AT DRILL.

## Making the Best of Things

EDITH M. RICE.

THE resources of the hospital are too often unobtainable when we find ourselves in the homes of the average patient. It is quite impossible, too, to carry all we need in our already overloaded grips or suit cases. So we must be ready and willing to make the best use of what we have.

Many a patient in moderate circumstances has been made to feel embarrassed and hurt by the nurse's continual reference to the fact that this is required and another thing is lacking, and that certain toilet articles, such as mouth washes, etc., are indispensable, while a silent managing on the part of the nurse would have saved much worry and additional expense to the already overburdened household.

A few hints as to how some nurses have managed under above circumstances, if not already known, may prove of value.

Do not forget the value of salt as a mouth wash, tooth powder or gargle. A little vinegar added to the gargle is very refreshing. Salt in the bath is the best known stimulant for the skin, preventing bed sores and toning the system generally. A little salt sprinkled on the wick of a candle will increase its brilliancy.

When plenty of fresh linen is unavailable for your tray, remember that pretty Chinese paper napkins may be used to great advantage, as they are inexpensive and come in all patterns. Pure white may also be obtained.

A convenient night light for a sickroom in a country house may be invented by hanging a lantern from a hook screwed into the bottom of an upper window sash. The light within the room may be regulated by raising or lowering the shade. This obviates the heat and odor from an ordinary lamp in the room.

Newspapers make good mattress covers, pads, protective coverings for the carpet or floor in obstetrical or surgical work, or they may be worn about the body to protect from cold.

A pack wringer may be made from two sticks made from broom handles and a heavy towel, stitched at both ends, into which the sticks are slipped. Always turn the towel on each side so that a pocket is formed in which the hot flannel is placed.

Baby's bottle may be conveniently cleaned with broken egg shells. Do not pour boiling water into milk bottles. At first rinse with cold water.

Two chairs, turned with backs up, make a more comfortable back rest than does one chair at the head of the bed.

Two hot water bags, one under each hip, may rest a patient when an air cushion does not. Partly fill bags with water.

Small pillows, which are so necessary about a helpless patient, can be easily and cheaply made from old muslin pillow cases. They can be filled with excelsior, cotton, wool or even straw. Feathers are preferable, and often an old sofa cushion which is of little or no value may be ripped and utilized.

A pickle bottle makes a good male urinal.

A tin cup—the large old-fashioned variety—with one side bent like a spout makes an excellent female urinal.

A temporary Kelly pad can be made

by rolling a sheet tightly the required length and pinning over and around it an ordinary table oil cloth or rubber sheet, folding it in pleats at the outlet. If possible fold rather than pin.

An operating table can be made of two small tables of the same height instead of having to use a large ungainly kitchen table.

An extension table drawn out at full length and two boards put across opening makes another good operating table, the two ends doing duty for dressings, etc.

When a speculum cannot be procured in case of an emergency, a bent table spoon is a good substitute. The spoon is bent at a point between the handle and the bowl, the convexity beneath. The spoon is lubricated and the convex side slipped gently in. Packing is done more easily in this way.

A douche pan may be improvised in the following manner. Put bed slats on chair, which is on a level with the bed; let the other ends rest on basin under patient. This forms a support on which buttocks rest.

A board placed across the bottom of a bath tub will also serve the same purpose if patient is able to be about, or a towel folded thickly and placed around the edge of a china wash bowl makes a fairly comfortable bed or douche pan. Still another way is to put a board across one end of an ordinary washing pan. This last is perhaps the best and most comfortable.

The small soap dish which is found on every wash stand is invaluable as a pus basin in lieu of the crescent basin.

A bright spoon fastened behind a candlestick will act as a reflector when it is necessary to look into the throat or other cavity.

A sheet folded obliquely and fastened to the head and side of bed forms an excellent screen in a small bedroom. Mosquito netting also makes a good screen.

A resourceful nurse, in difficulty as to what to do for sheets, took a white window shade which was not in use. While rather stiff, it served as a good draw sheet.

Chairs turned over with legs tied together will make a cradle in cases of fracture.

In the country a nurse found herself without a fountain syringe. As it was necessary to give an enema at once, the wife found a piece of rubber tubing; two tin funnels were secured; one served as a receptacle for water and the other was attached for a nozzle, the rough tin edge being covered with cotton. Good results were obtained and no harm done. Another nurse once used a teapot in the same way.

Strips of adhesive plaster pasted at regular intervals on a pickle bottle make an excellent graduate. Be sure, however, to mark the first ounce correctly.

A physician in a dilemma once used a goose quill as a catheter. Another used his pen filler.

A device not altogether impracticable was thought out by a skilful nurse. Hot water was needed with no means to heat it. Two brooms were put across two chairs and a pail swung over them. A lamp was placed beneath, and soon the water began to boil, and the foot bath was given.

Remember that a clean steamer makes a good sterilizer.

A sheet may be made into a tent to relieve the heavy pressure of bed clothing on injured limbs or to avoid warmth on a sultry night in Summer. Sew rings at intervals tightly on a sheet in two or

more rows lengthwise, according to the width required; fasten strong tape to each ring, tying each firmly in a knot. Then draw firmly and evenly and tie securely to head and foot of bed.

A sheet that will not wrinkle under the patient should be made like a pillowcover, with tapes for tying the ends together.

If for any reason you may not be able to obtain a glass drinking tube use straws. These are better for children, for accidents often occur with the glass.

When it is necessary to cleanse the urinary and genital regions, instead of using cotton pledgets or gauze, pouring warm water over the parts from a small pitcher is soothing, pleasant and agreeable, while it prevents contamination in objectionable diseases.

Stiff brown paper will serve as a funnel when it is impossible to get glass or tin.

Towels answer the purpose when no bandages are available.

Nurses often complain of the low beds over which they have to work. A bed may be securely raised in the following way: Cut from a 4x6 joist four lengths, each measuring 14 inches; in the top of each length with a two-inch auger bore a shallow hole one inch deep. In case of sickness set the props in place (one beside each leg), remove casters from legs of bed and lift bed, allowing the end of each leg to set in shallow hole bored in top of each piece of joist. To make things secure fasten the blocks to wall with hinges. This is a very simple device, yet it will save a nurse much fatigue. This will cost 50 or 60 cents. Boxes of the same height may be slipped under head and foot of bed.

A salt rub may be given in a bath room by first sprinkling the patient with warm water from a watering can. The patient is then rubbed with salt and then sprinkled again with warm water, finishing with a dash of cold.

An ingenious missionary, while working in Sumatra with the natives, used to make syringes from branches of trees. He would take a lith and remove the centre; this he would reinsert after cutting in certain convenient lengths. As the centre portion would fit snugly, it made an excellent piston syringe. These he used in treating the natives when they came to him with abscesses, etc.

Remember, with fire, water, salt and newspapers we will seldom be embarrassed in any emergency.

### Hysterical Patients

"They must learn to grasp the philosophy of 'grin and bear it,' and must be stimulated to a certain pride in feeling that they are no longer shorn lambs that need the wind tempered for them, but that they can acquire a certain poise and stability that will enable them not

only to withstand but to help others less strong to cope with their difficulties."—From Nursing the Insane, a new book by Dr. Clara Barrus, woman assistant physician in the Middletown State Homecepathic Hospital, Middletown, N. Y.

# Nurses' Cramination Questions—District of Columbia

ANATOMY, PHYSIOLOGY AND HYGIENE.

- I. Mention two long and two flat bones; locate each.
- 2. Mention three kinds of movable joints; give an example of each.
  - 3. Name chief respiratory muscle.
- 4. Name divisions of alimentary ca-
- 5. Mention principal waste products and how each is eliminated.
- 6. Where is the lachrymal gland located; what does it secrete?
- 7. What is the action of the pancreatic juice?
- 8. Why is abundance of fresh air and sunlight important?
- 9. What is the best method of ventilating and heating a room?
- 10. What precautions should be taken as regards drinking water; what is the average daily amount necessary to good health?

#### MEDICAL NURSING AND EMERGENCIES.

- I. Give in detail the care of patient and sick room.
- 2. Name the different kinds of pulse and respiration.
- 3. How would you give artificial respiration?
- 4. Give care of bed sores and the care for prevention of them.
- 5. (a) What are the complications of typhoid fever? (b) What nursing measures may be used for same?
- 6. Describe how the bladder should be washed out.
- 7. Give treatment of infantile convulsions previous to doctor's arrival.
  - 8. (a) What nursing measures may

be used in hemorrhage from the stomach and lung? (b) Differentiate both.

- 9. What are the most important things to be done in pneumonia?
- 10. What is commonly used to eliminate poison in case of coma from nephritis?

#### MATERIA MEDICA.

- I. What is meant by physiological action? What is toxicological action of a drug?
- 2. Is there any error in the following? If so, correct same: "If patient's skin is dry and pungent give Atropine Sulphate, gr. 1-100 by mouth; if perspiring profusely give Pilocarpine gr. 1-12 at 8 p. m. to-night."
- 3. What is a cathartic? How may they act? Name a cathartic which is beneficial in dropsical conditions.
- 4. Give dosage for the following: Strychnine sulphate, Atropine sulphate, Nitroglycerine, and Morphine sulphate.
- 5. Give antidotes for poisoning by: Carbolic acid; Opium; Chloral; Arsenic.

#### DIETETICS.

- I. Name three foodstuffs rich in albumen in the order of their importance.
- 2. Describe process of digestion and absorption of albuminoids.
- 3. What is the object of cooking vegetables and of cooking meats?
- 4. Give frequency of feeding patient on liquid diet and on plain diet; why the difference?
- 5. Name any two diseased conditions which may be brought about by dietetic error; state how.

#### OBSTETRICS AND GYNECOLOGY.

r. (a) What is pregnancy? (b) What are the signs of pregnancy?

- generative organs of the female.
- 3. Give diet of nursing mother, mentioning foods of special value and foods that you would avoid.
- 4. What effect does constipation have on the mother's milk; what is the result with the baby?
- 5. What care would you give an infant immediately after birth?
- 6. (a) What is the pulse of a child at birth; at one month? (b) How would you take a baby's temperature?
  - 7. (a) What is abortion? (b) What is premature labor? (c) What is extrauterine pregnancy?
  - 8. What is post-partum hemorrhage: what would you do to control it while awaiting the arrival of physician?
  - 9. Name three positions in which gynecological patients are placed for instrumental examination; describe one of them.
  - 10. Give statement of after care of a case of perineorrhaphy.

#### SURGICAL AND CONTAGIOUS.

I. (a) What do you mean by "general anaesthetic?" (b) Give examples.

- 2. Name bones of the pelvis and the (c) How would you prepare a patient for same if the doctor gave no orders?
  - 2. (a) What dangers are to be looked for after abdominal section? (b) What symptoms would lead you to send for the doctor?
  - 3. What nursing care would you give a patient after abdominal section?
  - 4. Why is it necessary to take temperature as long as there is an unhealed wound?
  - 5. What is a fracture; define simple and compound.
  - 6. What special care would you give fractured femur; how would you change under sheet in such a case?
  - 7. (a) How would you sterilize instruments? (b) Are instruments with cutting edges to be treated the same as others?
  - 8. What are the dangers to be expected from scarlet fever; how would you try to prevent them?
  - 9. What means would you use to prevent the spread of scarlet fever, diphtheria and measles?
  - 10. If you have no chemical disinfectants what means can you use to disinfect clothing and bedding?

#### Heat

Heat is one of the most important stimulants to living cells. The hot bath is the most common means of applying heat as a therapeutic agent, and is useful in a great number of conditions; it is contraindicated in plethoric individuals and in advanced tuberculosis. The usefulness of local applications of hot water is well known. The general hot douche is a remarkable means to bring blood to the surface of the body, to accelerate the circulation, etc. Nothing is more cleansing than the moist vapor bath, since it cleans out the pores from within by the expelling force of hypersecretion.-New York Medical Journal.

# Department of Army Aursing

DITA H. KINNEY
Superintendent Army Nurse Corps

THE two months which have passed since our last notes have witnessed many changes in the Army Nurse Corps. The reduction in the number of nurses required for Philippine service has been the cause of reducing the corps to a smaller number than it has ever been since its organization. In Manila the beautiful home which was made over to meet the needs of the large body of nurses there has been given up, and those on duty in the Division Hospital have been moved into the quarters formerly occupied by the doctors on duty in that hospital. The latter moved out one day and the nurses moved in on the next. At present the quarters are not sufficiently large for the comfortable accommodation of the fourteen nurses occupying them. but a large addition is being hurried forward and when it is finished everything will be as it should be. The location of the quarters nearer to the hospital does away with the necessity for transporting the nurses to and fro in an ambulance.

The stork has been exceedingly busy in the Philippines, and is held responsible for the addition of a little daughter to the family of Dr. and Mrs. Herbert Manning. Mrs. Manning was Edith Griggs, an army nurse. This ubiquitous bird also left a little girl at the house of Mrs. Harriet Fishtorn Seizer, and a son and heir in the home of Mr. and Mrs. William Tracy Page. It is scarcely necessary to add that the latter was Lucille Flick, late Chief Nurse at the Division Hospital.

Tidings of our old associates have been

pouring in of late. We are informed that the old army nurse, Mary J. McKelvey, who is now a Dietist on the Isthmus, is on leave at her home in Michigan. Miss Isabel Bamber, who has also been on duty on the Isthmus, writes a friend quite an ordinary letter and signs it "Isabel Bamber Hinckley," adding at the close, "I will write you all about it." Of course, there can be but one inference. Miss Nora Begg, also an old army nurse on duty in the Isthmus, is reported as engaged to a rising young lawyer in Panama.

An ex-army nurse, now a successful private nurse in a large Western city, writes: "There is scarcely a day passes that I do not find occasion to feel grateful to, and proud of, my eight years of army service, and I have never regretted one minute of the time spent as a member of the Army Nurse Corps. A few weeks ago I was nursing for a very conscientious and particular doctor, when he said to me, "I do not give you as many orders as I do to most nurses because of your large and unusual experience." Wasn't that a feather in the cap of the A. N. C.? I have been busy all Winter and Spring and have been well and happy, but as soon as I have a few idle hours, I find myself longing for a sight of the troops on parade; the strains of the band, or the bugle calls, and I feel as if I must go where I can see and hear these things once again. I fear there is no denying the fact "that once a soldier always a soldier."

Sara Burtiss Myer, recently discharged from the corps, is at her home devoting all her time and care to an invalid mother.

Ex-Chief Nurse Christiana Bauer is in charge of the Commissary Department at Urias Hospital, Mazatlan, Mexico. A hospital was established for the convenience of those in charge of the railroad construction in this section of Mexico. There are two doctors and three nurses. It is thought that later on young Mexican women will be taken into the hospital for training in the work of nurses, though the hospital is not to be continued after the road is finished.

Miss Anna Hanbury, who some time since went to the City of Mexico as assistant to Miss McCloud, in the new General Hospital, has, since her resignation from the post, been in charge of a smaller hospital in that city. She has also done much private nursing, as has Miss Olive Purves, formerly in charge of the nurses at the American Hospital, same city.

Governor Buchtel, of Colorado, has appointed our old friend, Miss Laura Beecroft to the Board of Nurses' Supervisors of the State of Colorado. He could scarcely have found a woman more competent to fill the place.

Miss Eleanor Clements, who was on duty at the Presidio during the Spanish-American War, a graduate of the City and County Hospital of San Francisco, has accepted an appointment in charge of the Miners' Hospital at Rawhide, Nev.

The sympathy of the Superintendent and members of the Army Nurse Corps is extended to Mrs. Elizabeth Porteous Minetree, who has recently been grievously bereaved by the death of her husband. Mrs. Minetree is at present with her mother in Galt, Ontario, Canada.

Since the last notes the discharges

have been: Chief Nurse Agnes G. Young, late of the Division Hospital, Manila, who came to the United States via the Suez and who is now at her home preparing to take a long rest.

Margaret R. Allwein, discharged at her own request because of expiration of term; Virginia C. Anderburg, discharged in San Francisco; Mary E. Sheehan, lately returned from the Philippines, requested discharge at the expiration of term and was ordered to her home; Ethel F. Cook, discharged for the same reason; Florence Niles, discharged at Fort Bayard; Adelaide Duncan, married (while in the service) at Camp Keithley, P. I., discharged.

The appointments to fill the vacancies thus created have been:—

Edith Margaret Hodges, graduate of Orange Memorial Hospital, Orange, N. J., 1903; Rosa M. Kerr, graduate of the same hospital in 1907, and Paula E. Nordhoff, of the Philadelphia City Hospital, 1894. All of these nurses have been assigned to duty at the General Hospital, Presidio of San Francisco.

Nurses Josephine Riedy and Agnes Astbury have changed places, the former going from the Division Hospital to Zamboanga; the latter, with Sara M. Hepburn, has gone from Zamboanga to the Division Hospital.

Chief Nurse Clara B. White, Zamboanga, having successfully passed the examinations required by regulation, was appointed Chief Nurse February 21.

Nurses Mary E. Craig, Olive V. Kallaway and Mary V. McVan have reported at the hospital at Fort Bayard from the Presidio; Barbara Ziegler and Junia Hattie Latimer have been transferred from Fort Bayard to San Francisco, the latter being under orders to sail to the Philippines July 6.

Amalie Ida Haentsche and Frances Nowinskey sailed from San Francisco for duty in the Philippines Division on June 5. Elizabeth D. Reid sailed for the Philippines on May 5, having at the last moment taken the place of Rosanna M. King, who was under orders for that duty, but who for personal reasons requested that her transfer be deferred for a few months.

Nurse Catharine Smith has returned to the United States from foreign duty, after having spent a delightful month on leave in Japan, arriving in San Francisco May 12.

While the nurses at Fort Bayard have always had a particularly happy and delightful home life—thanks to the care and sweetness of their Chief Nurse—their quarters have never been large enough. Thirty thousand dollars has recently been appropriated for a new home for the nurses, which is to have twenty rooms and every equipment for their comfort. An appropriation of \$200,000 has been made for new officers' quarters at the same place.

The Navy Nurse Corps, so long anticipated and hoped for, is a fact accomplished, and the Surgeon-General of the Navy and his assistants are busily engaged in making arrangements for quarters for the nurses and forming regula-

tions for the corps. It is the intention of Surgeon-General Rixey to have all navy nurses begin their service at the Naval Hospital here in Washington, thus bringing them under direct supervision of the Superintendent of the corps. When their abilities and qualifications have been thoroughly tested they will be assigned to other naval hospitals, occupying at first the naval hospitals in the United States and later at foreign stations. This is quite an ideal way and the Superintendent of the Navy Nurse Corps is to be congratulated on being thus able to select and try the work of the nurses before they are sent away from her supervision and eye. She will thus be enabled to know who and what the personnel of her corps really is, an advantage which the army has never had. Very early in the history of the Army Nurse Corps the same plan was recommended, but lack of proper quarters and pending the building of a great general hospital at Washington, has kept the matter in abevance. That most interesting question, who shall be selected as Superintendent of the Navy Nurse Corps, is as yet unsettled. Several very well-known ex-army nurses are, it is understood, applicants for the position, but the name of the fortunate one is yet involved in deepest and darkest mystery.

#### Get Them Interested

"Some one has said that neurasthenia is a disease of the over-employed, and that hysteria is a disease of the unemployed. In this statement we have a hint as to what to do for hysterical

patients. Get them interested and occupied."—From Nursing the Insane, a new book by Dr. Clara Barrus, woman assistant physician in the Middletown State Homeopathic Hospital, N. Y.

# The Diet Kitchen

#### Beverages

ROSAMOND LAMPMAN.

PAPER II.

W ITHOUT considering plain cold water, there are a great many drinks that may be prepared which are especially valuable, not only to quench thirst and introduce fluid into the circulation, but to stimulate the nerves and other organs, as well as to nourish and build up the body. Beverages may be classed as follows:

The acid drinks, as lemonade, orangeade, fruit waters and punches, plain or albumenized. The starchy drinks, as oatmeal water, toast water, etc. Nutritious drinks, as milk, kumiss, buttermilk, skim milk, chocolate, cocoa. Nutritious stimulants, the egg-nogs, milk punches, wine whey, beef tea, etc.

Ice-cold drinks should not be taken with meals, as they lower the temperature of the stomach, thus hindering the normal secretions of the digestive fluids and preventing active digestion.

Serve cold drinks cold, pass on a small tray in thin glasses or sherbet cups with a few wafers or a thin sandwich. Hot drinks should always be hot, not lukewarm. serve in thin dainty china with a few crackers or a little brown toast.

#### LEMONADE.

Wash and wipe one large lemon; divide in halves, cut a very thin slice from the middle and squeeze the juice from the remainder into a bowl; add to this two tablespoons of sugar and pour on one cup of boiling water. Strain and set

on ice to cool. Serve in a thin glass garnished with the slice of lemon. Lemonade has a better flavor when made with boiling water, though it may be made with cold water if desired.

#### LEMONADE. EFFERVESCING.

Mix the juice of one lemon with one tablespoon of sugar, pour on one cup of ice-cold water, and add to the whole one-half teaspoon of soda. Stir thoroughly and drink while effervescing.

#### BRAN LEMONADE.

Put one large tablespoon of bran in a bowl and pour over it two cups of cold water, soak over night. Strain and add one tablespoon of lemon juice. Serve very cold.

#### IRISH MOSS LEMONADE.

Soak two tablespoons of Irish moss thirty minutes; pour off the water and add two cups of boiling water; cook slowly until it forms a syrup. If it becomes too thick more water may be added. Strain and add a little lemon juice and sugar. Serve hot. This is excellent for a sore throat.

#### ORANGEADE.

Prepare in the same manner as for lemonade, with the exception of a little less sugar. If the orange be a sweet one a little lemon juice may be added.

#### PINEAPPLE ORANGEADE.

Mix three tablespoons of grated pineapple and one tablespoon of sugar thoroughly; pour over this one cup of boiling water and cook for twenty minutes, then remove from the fire and add the juice of one tart orange. When cold dilute with one cup of ice-cold water and serve. Lemon juice may be used in the place of the orange juice with a little more sugar added.

#### WINE WHEY.

Heat one cup of fresh sweet milk to boiling point, add one-half cup of sherry wine and cook without stirring until the milk curdles. Strain and serve hot or cold.

#### ORANGE WHEY.

Heat one pint of sweet milk to the boiling point and add the juice of one orange; cook gently without stirring until the milk separates. Add one tablespoon of sugar; when dissolved strain. Serve cold.

#### PORT WINE SANGREE.

Mix one cup of wine and one tablespoon of lemon juice together, and add one-half cup of water. Grate a little nutmeg over it and serve ice-cold.

#### APPLE TEA.

Wash and wipe one sour apple; cut it into small pieces without paring; add one pint of boiling water and one tablespoon of sugar; cover and boil until soft, then strain and add one teaspoon of lemon juice; set on ice to cool. This may be given to fever patients or whenever there is much thirst.

#### GRAPE JUICE LEMONADE.

To one cup of strong lemonade add one-fourth cup of unfermented grape juice. Serve ice cold. Grape juice and lithia water, with a little sugar added, also makes a delicious drink.

#### CURRANT JELLY WATER.

Dissolve two tablespoons of currant jelly in one cup of boiling water, cool and add one tablespoon of lemon juice; sugar to taste. Dilute with one-half cup of ice-cold water. Another very refreshing drink may be made by mixing one-half glass of cracked ice with the same quantity of any tart fruit jelly.

#### ALBUMENIZED WATER.

Put one cup of boiling water, the white of one egg, one tablespoon of lemon juice and one tablespoon of sugar into a covered glass and shake until thoroughly mixed. Strain and serve immediately.

#### ALBUMENIZED LEMONADE.

Beat one egg to a froth, add the juice of one lemon and two tablespoons of sugar; pour on gradually one cup of cold water; shake until thoroughly mixed, strain and serve.

#### ALBUMENIZED GRAPE JUICE.

Blend the beaten white of one egg with one teaspoon of sugar, add to this three tablespoons of unfermented grape juice and two tablespoons of cracked ice; serve at once.

#### OATMEAL WATER.

Stir three tablespoons of fine oatmeal into one quart of sterilized water, cover and stand in a warm place for two hours. Strain, season with a little salt, and cool.

#### BARLEY WATER.

Blend one tablespoon of barley flour with a little cold water to a smooth paste; then add it slowly to one quart of boiling water; cook for five minutes, stirring constantly; add one tablespoon of lemon juice; cook five minutes longer and strain. Serve cold.

#### CAUDLE.

Beat one egg to a froth, add one-half glass of sherry wine, one cup of cold arrowroot gruel, one tablespoon of sugar and one tablespoon of lemon juice. Serve cold.

# Editorially Speaking

#### A Matter of Justice

In the present discussion of training school matters it is greatly to be desired that a spirit of fairness and justice, a spirit of willingness to give credit and honor where such are due, should prevail. This spirit seems to be singularly absent in many who are now prominent in nursing affairs. For instance. nothing could be more unfair than the attempts to persuade people to accept the theory that schools giving a two-year course are of necessity inferior to those giving a three-year course, that they must necessarily attract a lower grade of women: or that nurses who enter such schools enter from commercial motives; or that hospitals that have such schools use them only to obtain cheap service; or that long hours, bad living conditions and a twoyear term all belong in the same low class; or that physicians who have advocated shortening the term represent the political and commercial faction of the medical profession. All these statements and insinuations have been made time and again. One cannot but wonder how those who make public such statements can possibly believe them themselves, or how they can fail to see the absurdity and injustice that are apparent in every line.

There have always been at least two classes of schools since the first few years of training school existence. Many of the schools giving a two-year course would be given place by impartial judges in the first rank as to educational meth-

ods, practical results, working hours, general living conditions and intellectual status of pupils. Many of the three-year schools would undoubtedly be placed in second or third or fourth rank when the same tests were applied. Those who make the statements we criticize imply that all who agree with them and accept their theories, all who amiably follow their lead, are high grade people; those who dare to have an independent opinion or dare to disagree are uncultured, unjust, "opposed to progress," working from low commercial motives, very inferior generally.

This is only one example of injustice. There have been many others within the last few turbulent years in the nursing world. Again and again criticisms regarding the underfeeding of nurses in American hospitals have been published. These criticisms have been in no sense of the word constructive or likely to be helpful in improving such conditions if they exist. The criticisms have been made so that no one could tell to which hospitals they applied, and the opinion has prevailed to a certain extent that all hospitals were guilty of underfeeding their nurses. These criticisms of American hospitals have gone by means of the nursing press to every country in the civilized world. They have been commented on in some foreign journals, and evidently accepted as true of American hospitals in general. Now, in our opinion, there is no country in the world that treats its nurses more deferentially or with more consideration than our own

United States, and every nurse should feel a sense of pride in our splendid institutions. There are nurses who are far from being what they ought to be, but it would be decidedly unjust to try to give the impression that all nurses were of the same stripe.

Another example is in the use of the term "cheap labor," or "cheap service," which has been flung at hospitals by hostile critics very frequently of late years. Undoubtedly the training school in all hospitals, large and small, has proven the most economical and satisfactory method of getting hospital patients cared for. But the training of a nurse is by no means an inexpensive procedure, nevertheless. A recent report of a large hospital where training school accounts are carefully kept gives the figures for caring for and training a nurse for three years as in round numbers \$1.180. It cost that hospital \$1.08 a day, or about \$393.12 a year, for each nurse—not such a cheap piece of work as many nurses have imagined. How many of the nurses who have found a useful vocation in the nursing world and a door open to wider opportunities than they would have ever known except through the hospital, could have taken such a course if they had to earn or in some way secure \$1,180 to pay for it? We do not underestimate the service the nurses have given to those hospitals. The hospitals themselves do not underestimate the services of their nurses. They delight to do them honor. The nurses are giving the only thing many of them could give, and what is worth more than money—their personal service to the sick. But when a nurse feels inclined to again use the term "cheap labor" derisively as a "knóck" at the hospitals, because they do not endorse all her opinions, she ought to try to remember the thousands of young women who have helped by means of exchanging their unskilled labor for training, experience and skill—helped to a position of independence and usefulness they could not otherwise have obtained. Young women give cheap unskilled labor to dressmaking and millinery establishments and pay for board and room while learning. If they want to study medicine or pharmacy or stenography they must first find the money to pay for it.

For years beautiful homes for American nurses have been multiplying. Every year sees many additions to the number of comfortable modern nurses' homes. Never was more consistent effort put forth in any country to provide good homes and living conditions than is being put forth (and has been for years) in this country. And yet, never have American nurses published so many criticisms denouncing hospitals in general for not providing better accommodations. No such caustic criticisms are seen in the journals of any other country, and we get a good many foreign magazines.

None of these new homes, so far as we know, have come into existence because of such criticisms. They came because the time was ripe for such improvements and the money available. Doubtless all hospitals are looking forward to that time. They must first get a start and demonstrate to the public the need. The world was not built in a day. General living conditions in hospitals are constantly growing better. If you look around with kindly eyes you will see evidence of this on every hand. Try to have a little more patience. Try to help your own hospital school and every hospital school-not hurt it. Try by all means to avoid injustice. Remember that there are always several view points from which a

question can be seen. Helpful constructive criticisms, criticisms that kindly show the fault and the remedy, that point out how to do better, that show feasible plans for present improvements, are always welcomed.

Still another instance is the discrimination against certain schools in the registration laws already passed. In an editorial in the May number of the "News Letter" of Waltham, Mass., this subject is very ably handled. After pointing out that the object of registration as set forth is "greater uniformity in methods of training and a means of discriminating between those women who are sufficiently trained and those who are not," it takes New York for an example and proceeds to show how the law fails of its avowed purpose. The following is quoted from the editorial:

Take New York, for example. The State examiner of training schools visits Waltham, praises the school highly for its efficient training, and yet can find no means of registering its graduates under the registration laws of New York State. Surely there is something wrong with a law that thus fails so signally of its avowed purpose.

One clue to the situation is perhaps found when the official organ of the organized nurses of the United States, an earnest supporter of registration as now instituted, makes such a statement as the following: "One man who gives his nurses a good training in housework but a poor one in nursing has been able to block registration without appearing openly against it." It is thus it characterizes the Waltham training—why ignore the fact?—a training whose high quality is not a mere matter of pride with her graduates but a well recognized fact in the mind of the world in general. Is it not a pity that women who have as wide an influence as the editors of such a journal undoubtedly have, with the con-

sequent opportunities for creating good feeling and helping to solve the many problems that confront the nursing profession, should by thus wilfully misstating facts throw away their opportunities? No one could wish them to change their real convictions. It is quite right they should believe their training the best, just as Waltham believes hers the best; and possibly, narrow though it might be, they might even conscientiously consider theirs the only good and thorough training. Their is no need, however, of unjust criticism and hostility. Why cannot all the schools work peacefully together, striving to, understand and help each other and to learn one from the other?

Had such an attitude of helpfulness been taken by these leaders in registration not only toward Waltham but toward every one else who has a vital interest in the matter, there would not now be the complaints and criticisms that are so rife. They injure themselves most, but unfortunately they also bring criticism upon the nurses they profess to represent.

Desirable but Impractical

In Dr. Sprague's article on State Registration he names two conditions essential to complete success, and which he has not found in any nursing bill he has seen.

The first—every graduate nurse practising should be registered.

This is the ideal condition, but to so amend the majority of the bills already passed would work a great injustice on a large number of useful, honorable graduates, who cannot register owing to technicalities and to contingencies unprovided for under present bills. To compel every qualified graduate nurse to register before allowing her to practice, we must have laws which will permit her to register.

The second provision—that there should be at least one physician on the State Examining Board—has been adopted in several recent bills.

# In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### Nurses' Association of Pennsylvania,

The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania met in Allentown, Pa., Wednesday, Thursday and Friday, April 22, 23 and 24, 1908, the president, Miss Roberta West, in the chair.

The opening prayer was offered by the Rev. F. Herman, and Mayor Harry G. Stiles gave a most cordial address of welcome.

Dr. William L. Estes, president State Medical Association, extended greetings from his association, with the assurance that they would help us all they could to secure State registration for nurses. He spoke of the inter-relationship and interdependence between physicians and nurses, and recommended organized effort. He gave us good advice regarding our bill and hoped we would soon obtain it.

Dr. Edgar M. Green, of Easton, was our next speaker He, too, spoke of the close relationship of physician and nurse, and of the necessity of organized effort, and he outlined the scope of the work for the nurse in the future and of her influence upon it, and extended a warm invitation to us to visit Easton if possible.

Dr. C. D. Schaffer, of Allentown, gave a most interesting address—full of inspiration and hope and good wishes and help for us in our efforts to obtain State registration.

A rising vote of thanks was tendered all the speakers, which was given unanimously.

The afternoon session was occupied with routine business—reports of committees, etc.

The resignation of Miss Ellen M. Hunt, chairman of the Legislative Committee, was read and accepted with regret. The secretary was instructed to write Miss Hunt a letter of appreciation for all the hard work done while chairman of this committee.

The Magazine Committee, on account of ill-

ness and pressure of work, reported nothing definite being accomplished, but hoped to get to work in the near future. Miss West was appointed editor, as well as chairman of this committee.

The meeting decided to employ a stenographer for our regular meetings, that we may have verbatim copies of our addresses, papers and discussions.

The Committee on Visiting Nursing, Nursing in Families of Moderate Means and Almshouse Nursing had reached no definite outline or plan of work along these lines.

The Committee on Nursing in Families of Moderate Means is composed of five members, of which Mrs. Lily M. Quintard has been appointed chairman.

Mrs. Moyer, who intends going to San Francisco for the convention of the Nurses' Associated Alumnæ of the United States, was asked to represent Pennsylvania, and was so instructed.

The Legislative Committee reported that not much had been done in the past six months. Miss Heldman was appointed chairman of this committee until the October meeting. Raising funds to carry on this work was discussed, and it was decided to send a circular letter to all alumnæ associations not represented at this meeting asking for their help. Those present promised to do what they could. Some promised specific amounts individually and for their associations—the funds to be in the treasurer's hands by July 1, 1908.

This meeting also decided to have some one canvass the State in the interests of registration, and Miss West was asked to do this work, as she seemed best fitted for it.

Miss Reid spoke of the work of the Allegheny County Nurses' Association, and of a form of credential given to graduate nurses, and that preference will be given those nurses

holding such credentials by physicians; that the directory is being reorganized, and that only those nurses holding such credentials will be eligible for admission.

Miss O'Sullivan, delegate from the Allegheny County Nurses' Association, gave an interesting account of its history and progress and its financial condition, which merits congratulation.

Miss Pauley spoke of the Lehigh Valley Graduate Nurses' Association, and is hopeful and ambitious and means to arouse the nurses in that section to greater activity.

Miss Brice, for the Lackawanna County Nurses' Association, reports disbanding because of few meetings and indifference of the members, but hopes that they can reorganize, and is going back to begin work.

The treasurer asked what was to be done with members in arrears for dues for four years, and on motion they were dropped from the roll of membership.

Those in arrears for dues for three years will be given until January 1, 1909, after which date they, too, will cease to be members of the association.

Hon. A. G. Demalt spoke to us on our last day's session, and gave us excellent advice as to changes in some sections of our bill, which we feel will be very helpful.

Mrs. John T. Stuart also gave a very interesting talk, which we enjoyed.

The many social relaxations provided for us were most delightful and thoroughly enjoyed and appreciated, and the committee in charge of the arrangements were untiring in their efforts to make us comfortable.

The following applications have been reported:

Held	over	from	last	meeting.	3
New	appli	cation	5		99
Admit	ted				91
Held	over				11

The next meeting of the association will be held in Philadelphia in the third week in October, 1908.

Miss M. Margaret Whitaker has been appointed chairman of the committee of arrangements for this meeting.

NELLIE M. CASEY,
Assistant Secretary.

#### New York City.

On May 27 the class of '08, Metropolitan Training School, were entertained at dinner by the superintendent of nurses, Miss Agnes S. Ward, the guest of honor being Miss Jane M. Pindell, our former superintendent.

The dining room was decorated with African grasses, baskets and curios from Congo Free State, and the menus, written in that language on blue and white paper (the school colors), were interpreted by Miss Ward.

From 8 to 10:30 the class entertained their friends in the lecture room, which was decorated with green and red, the class colors.

PROGRAM.

President's Address,

Refreshments were then served in the dining room and several speeches made by the guests.

On May 30 the graduating exercises were held in the Solarium, and notwithstanding the most inclement weather about three hundred guests were present.

Hon. Robert W. Hebberd, Commissioner of Public Charities, presided. Addresses were made by Dr. Clinton L. Bagg, Dr. William Francis Honan, Rev. William J. Cartwright, C. S. P., and Dr. J. Wyllis Hassler. The Hippocratic oath was administered and diplomas presented by Mrs. William Kinnicutt Draper, president of the Board of Managers, to the following nurses:

Maude Lauretta Stanton, Alice Cowart Page, Margaret Josephine Barry, Mary Soper, Louise Strong, Helen Sarah Callahan, Anna Burrows Gardner, Margaret Quance, Kathleen Driscoll, Anna Miriam Hassenplug, Eleanor Agnes Lynch, Grace Gilmoure Nichols, Eleanor Teresa O'Rourke, Clara Elizabeth Sheffield, Nellie Victoria Root and Etta Marguerite Frazee.

The Egbert Guernsey prize of \$50 in gold and a certificate of general excellence for the three years, presented by Miss Florence Guernsey, was won by Miss Eleanor Agnes Lynch.



GRADUATING CLASS, '08, METROPOLITAN HOSPITAL, BLACKWELL'S ISLAND, NEW YORK CITY.

Miss Lynch also won the prize for general excellence in the third year, Miss Eleanor Teresa O'Rourke winning the prize for best bedside record.

The prizes for the undergraduates were won as follows: General excellence, Mrs. E. Beatrice Christi and Miss Emily Smart.

A reception was held at the Nurses' Home from 5:30 to 7 and dancing was enjoyed in the Solarium until 12 P. M.

At the annual meeting of the Association of Graduate Nurses of Manhattan and the Bronx the officers for the ensuing year were elected as follows: President, Mrs. F. W. Brockway, Johns Hopkins Hospital; vice-president, Miss A. P. Lyon, Brooklyn Homeopathic Hospital; secretary, Miss A. S. Bussell, Newton (Mass.) Hospital; treasurer, Miss A. Carson, New York Polyclinic Hospital; trustees, Miss A. C. Maxwell, Boston City Hospital; Miss J. C. Stilson, Massachusetts General Hospital, and Dr. T. Spring-Rice, St. Mary's Hospital, Brooklyn, N. Y.

Delegates to the meetings of the New York County Nurses' Association were elected as follows: Mrs. Brockway, Mrs. Moore, Miss Carson, Miss Bussell, Miss Collins, Miss Stilson, Miss Lyon, Dr. Spring-Rice, Miss Strang, Miss Cooper, Mrs. Schermerhorn, Miss Nicolal, Miss F. Aurell and Mrs. Bolton.

Delegate to the New York State Nurses' Association, Mrs. Brockway.

Meetings of this association are held on the second Monday of the month, from October to June inclusive, at 4:30 in the afternoon, this being the hour best suited to the nurses on private duty.

Nurses who are graduates of registered hospitals are eligible for membership.

This association was formed six years ago to provide a local society for nurses, graduates of hospital schools in other cities, who are practising in New York City, giving such nurses, through this society, full representation in the New York County and the New York State Nurses' associations, to all meetings of which societies delegates are sent.

Requests for further information may be sent to the president, Mrs. F. W. Brockway, 183 West Seventy-third street, or to the secretary, Miss A. S. Bussell, 1947 Broadway, room 326, New York City.

#### Buffalo, N. Y.

The annual luncheon of the Nurses' Association took place at Miss Vincent's tearoom. Covers were laid for ninety, the table being artistically decorated with honeysuckle and each member present wearing a small corsage bouquet of lilies of the valley. After the luncheon, the last business meeting of the season took place at the Women's Union Building. Annual reports were read and the election of officers resulted as follows:

President, Miss Nellie Davis; first vicepresident, Miss Kate Kennedy; second vicepresident, Miss C. L. DeCue; recording secretary, Miss Laura Mullen; corresponding secretary and treasurer, Miss Gertrude W. Boyd; New York State Federation secretary, Miss Amy Poole; Western Division, New York State Federation secretary, Miss Katherine Meagher; trustee, Miss Olivia Moore; directors, Mrs. H. D. Storck, Miss Allie Lindsay, Miss Margaret Kamerer and Miss Jessie McIntosh.

### Orange, N. J.

A board of governors has recently been organized to support and control the work of the Visiting Nurses' Settlement.

It is hoped that in the near future a visiting nurse for contagious diseases may be added to the corps of residents.

A three months' course in visiting nursing, including experience in medical, surgical, obstetrical nursing and the outdoor treatment of tuberculosis, under competent supervision, is offered.

Living expenses at the settlement and \$20 per month salary are given.

Further particulars can be obtained from the head worker, Miss Honora Bouldin.

### Paterson, N. J.

The annual meeting of the Alumnae Association of the Paterson General Hospital was held at the hospital on Tuesday, June 2. Fifteen members present. An interesting meeting followed, with a letter from our delegate to the Associated Alumnae convention and a paper on district work. Officers elected as follows: President, Miss G. M. Carmichael; first vice-president, Miss Jean R. McDonald; second vice-president, Mrs. M. E. O'Neil; re-

cording secretary, Miss Florence Demarest; corresponding secretary, Edith Cooper; treasurer, Miss Mary Welch. At the close of the meeting a reception was tendered the members of the graduating class.

### Philadelphia, Pa.

The commencement exercises of the graduating class of the Philadelphia Lying-in Charity Nurse School were held in the New Century Drawling Room Tuesday evening, May 12.

The following programme was much enjoyed: Overture by orchestra; entrance of officers and nurse class; soprano solos by Mrs. N. Scammon Jones; address, Rev. Floyd W. Tompkins, S. T. D.; selection by orchestra; recitations by Miss Florence Malloy; presentation of diplomas, Mr. G. Colesberry Purves, president; selection by orchestra; benediction.

The graduates are Miss Sara R. Bergey, Miss Elinor M. Driscoll, Miss Minnie J. Caughey, Miss Caroline G. Hall, Mrs. Anna M. Davis, Miss Lulu M. Keim, Miss Sayre A. Perry, Miss Adella C. Frantz, Miss Elizabeth M. Ryan, Miss Edna P. Smith, Miss Rose M. Myers.

At the end of the second section of the Winter term, 1908, nine students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the following branches:

In the Swedish system of Massage, Medical Gymnastics, Electro and Hydro Therapy:

Mary Josephine McCloud, Norwich, Conn., graduate New Haven Training School for Nurses, Superintendent Matanzas Hospital, Cuba, and General Hospital, Mexico City, Chief Nurse United States Army.

Bertha Squires, Collinwood, Ohio, Jefferson Park Hospital, Chicago, Ill.

Bino Robin, Warsaw, Russia, Temple University Medical Department, Philadelphia.

Eudora Macleod, Bridgeport, Conn. Amanda M. Wilson, Germantown, Pa. Estelle W. Coombs, Wildwood, N. J.

In the Swedish system of Massage, Medical Gymnastics and Hydro-Therapy:

Hannah Stroem, Butte, Mont., graduate Fredericksburg Hospital, Copenhagen, Denmark, and Illinois Training School for Nurses in Chicago, Matron Murray's and Boston and Montana Employes' Hospital, Butte, Mont.

In the Swedish system of Massage and Medical Gymnastics:

Charlotte H. Rolland, Philadelphia. In Electro and Hydro Therapy: Kathleen E. Steacy, Montreal, Canada. The Summer term opens on July 8th, 1908.

## Pittsburg, Pa.

The graduating exercises of the Western Pennsylvania Hospital Training School for Nurses were held in Conservatory Hall Friday evening, May 22.

The exercises opened with music by Gunther's Orchestra, followed by the invocation. Director Arthur A Hammerschlag delivered the address to the graduates. The diplomas were awarded by President James R. Mellon, and the badges presented by Dr. James W. Macfarlane, president of the staff. Mrs. Grace Hall-Riheldaffer rendered vocal, solos, and Mr. Stephen H. Leyshon piano solos. The exercises were brought to a close with the benediction by Rev. George J. Russell, and were followed by a reception.

The fgraduates are: Mildred Gertrude Hearn, Lydia M. Cunningham, Rose C. Burkett, Bessie Maude Garwood, Emma Penrod Myers, Clara I. Steinecker, Lydia E. Burbridge, Myrtle May Jones, Margaret Jane Leasure Kline, Margaret Blanch Hibbert, Alice Helen Prout, Grace Ernestine Beauford, Rose Frances McCullough, Lillian Margaret Simner, Eliza Maybury, Marie Eldred Logan, May Holland. Post-graduate: Mary Trainor. Miss Elizabeth R. Reid is directress of nurses.

## Punxsutawney, Pa.

The semi-annual meeting of the Adrian Hospital Nurses' Alumnæ Association was held at Adrian Hospital, Punxsutawney, Wednesday afternoon, June 3, Miss Harriet Bright, president pro tem., presided. Those present were Mary Moore, Jennie Davis, Harriet Bright, Barbara Hutchinson, Elizabeth Hunger, Anna Hunger, May Hall, Margaret Farra, Lucy Osler, Erie Smith, Nellie Elder.

New members enrolled, four, namely, Martha Hoover, Fannie London, Mary Basim, Martha Battenhorn.

The usual business being transacted, officers for the ensuing year were elected as follows: President, Mrs. C. R. Stevenson, re-elected;

vice-president, Erie B. Smith; secretary, Nellie Elder; treasurer, Margaret Farra.

The report from the Furnishing Committee for the alumnæ was read and approved. A vote of thanks was tendered to those who so generously contributed to this fund.

It was voted that an alumnæ reunion be held the first Wednesday of each June at Punxsutawney. All members are especially requested to attend this reunion.

The meeting adjourned to meet the first Wednesday in December at the Adrian Hospital, Punxsutawney.

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#### Columbus, O.

The graduating exercises of the class of 1908 of the Columbus State Hospital Training School for Nurses were held in the amusement hall of the hospital on the evening of May 19, 1908. The hall was beautifully decorated with palms and flowers and the class colors, yellow and white.

The exercises were opened by an invocation by Rev. N. W. Good, followed by music from the State Hospital orchestra; introductory remarks by Dr. George Stockton, superintendent; address to the graduates, by Dr. J. Edwin Brown; presentation of diplomas, Hon. H. Green, president of the Board of Trusfees; presentation of school badges, Dr. George Stockton; benediction, Rev. N. W. Good. A reception was held in the administration department after the exercises.

The graduates are Katherine Cecelia O'Hearn, Josephine Ethyl Phelps, Helen Madaline Scheiderer, Osa Neil Sinkey, Nina Beatrice Huddlestum, Anna Winifred Kennedy, Minnie Marie Anstead, Estle N. Edwards, Dell V. Hicks. The class motto is "Not finished, but begun." The superintendent of nurses is Miss B. Matilda Unger.

The regular monthly meeting of the Graduate Nurses' Association of Columbus was held May 6, 1908, at the residence of Miss Stewart, No. 44 South Washington street. The meeting was well attended and the regular business transacted. Dr. James Rector gave a very interesting lecture, the subject being "Diagnosis, Cause and Treatment of Atony of the Stomach Muscles."

#### Cincinnati, Ohio.

The midsummer meeting of the Cincinnati Hospital Alumnæ Association was held June I in the parlors of the Nurses' Home. Very little business was transacted. The association voted to award a medal for general excellency to one member of each graduating class.

The Endowment Committee reported increase in bank account.

The evening closed with refreshments and entertainment.



#### Detroit, Mich.

The eighteenth graduating exercises of Grace Hospital Training School were held in Chaffee Hall on the evening of May 19.

The intermediate and junior classes entered the hall first, and remained standing until the graduating class, led by the principal of the Training School, with the assistant and other supervisors, took their places.

The pretty hall was well filled with the friends of the graduating class, representatives from the different boards of the hospital and other friends of the school and hospital.

A very pleasing musical programme was rendered. The graduating address was delivered by Dr. Oscar Le Seure, president of the Medical Board. Dr Obetz presented the school badges, with a great deal of good advice. The Rev. John Boyd, of the First Presbyterian Church, delivered the invocation.

Directly following the exercises the Ladies' Board of Managers tendered the graduating class a most beautiful reception in the "Helen Newberry Nurses' Home."

The home, beautiful at all times, looked like fairyland. Pink and white, the colors of the school, as well as the uniforms, made everything very bright and pretty.

The decorations throughout the home were the handiwork of the intermediate class, and were much admired by every one.

The quantities of flowers the class received would make one almost think that they were the most fortunate class ever graduated.

The following evening the undergraduates entertained the class at a well-arranged dance in the Nurses' Home.

At one time in the evening there were probably two hundred people dancing.

All expressed themselves as having had a very jolly time.

One of the most pleasing features of the evening was the fact that all the nurses and supervisors were in uniform, the principal being the only one of the household in evening dress.

The names of the graduating class are as follows: Miss Sadie Brown, Miss Ina May Osterhouse, Miss Amy E. Kuhn, Miss Margaret E. Lamond, Miss Meta Fraser, Miss Tannelholz, Miss Mary Elizabeth New, Miss Florence E. Welch, Miss Odessa Sheppard, Miss Hughine MacPherson, Miss Grace Glendenning, Miss Eletha Rutherford, Miss May Herrick, Miss May Phillips, Miss May Wallace, Miss Gertrude Withan.

#### +

#### Ann Arbor, Mich.

Nine nurses graduated from the training school of the University of Michigan Hospital May 19, and received diplmas from the hand of Dr. Angell, president of the university, who gave these young women kindly greeting and words of commendation in the work they have chosen to do.

Rev. Caroline Bartlett Crane, of Kalamazoo, gave an address to the graduates, in which she commended the grand work of the sisterhood, and said it was one calling for the highest ideals and for the best women of the world.

Prayer was offered by Rev. Carl S. Patton, and Miss Leila Farlin gave three vocal numbers on the programme.

The functions were held in the Palmer Ward, which was decorated with flowers and Japanese lanterns. Refreshments were served and dancing was enjoyed by the many guests at the close of the exercises.

The following are the graduates: Gertrude R. Chibbuck, Maude Mabel Davis, Bernice Lillian Wortmen, May Elizabeth Tuomey, Lillian Elizabeth Burke, Florence Jeanette Price, Ada M. Forrest, Florence A. Culbertson and Genevieve Gillespie.

The Nurses' Alumnæ Association held the annual meeting at Mock's Tea Room May 20, when luncheon was served. The members of the graduating class were the guests of honor. The following officers were elected: President, Miss Fanline Pemberton; vice-president, Lydia Schmeising; secretary, May Williams; treasurer, Helen Sellman. The president was

chosen delegate to the State Association meeting in Ludington June 30 and July 1.

#### . .

#### Minneapolis, Minn.

The Hennepin County Graduate Nurses' Association held its regular monthly meeting Wednesday, May 13, at the residence of Dr. Marion A. Mead, registrar, No. 1502 Third avenue South.

In the absence of the president, Miss Edith P. Rommel, R. N., Miss C. M. Rankeillour, first vice-president, took the chair.

Following the business meeting Mr. E. G. Basset Park, Davis & Co.'s representative, demonstrated the making of junket from their Rennin tablets, and served junket and strawberries to forty-six nurses from the Dutch kitchen.

As the nurses were leaving they were presented with flasks of lunch tablets sent by Horlick's Malted Milk Co., of Racine, Wis. These neat souvenirs added greatly to the "nurses's jubilee" over the message received from Miss Rommel to the State: "We are to have the convention, 1909."

#### + Lincoln, Neb.

The commencement season will be long remembered by the class of 1908 of the Dr. Benj. F. Bailey Sanatorium Training School for Nurses, Lincoln, Neb.

The class was delightfully entertained by Dr. May L. Flanagon, and also the class and leap year escorts by Dr. and Mrs. Erle B. Woodward.

On May 9 the juniors gave the class a novel and original banquet within the four walls of the nurses' parlor. Newspapers for chairs and for refreshments water crackers and toothpicks were served. A "dummy" was introduced, bearing all the characteristic dignity of the senior class.

However, on May 12 the juniors gave a very elaborate banquet in the Sanatorium diningroom. The seniors felt more than compensated for the previous one.

The feeling of good-fellowship prevailed and sealed a lasting friendship between the two classes. All were glad to be at Green Gables.

On May 14, the commencement exercises were held at the M. E. Church, Normal. The class was indeed fortunate to have such a man

as Dr. P. S. Hall, of the Central National Bank of Lincoln, to address them on "The Value of Ideals."

It was a simple, forceful, heart-to-heart talk. It was a revelation of Dr. Hall's life, whose ability, honesty and true worth are recognized, not only by the community, but by the entire State.

Miss H. J. Fisher gave a splendid report of the work of the training school. The school opened six years ago with three pupil nurses, but now maintains a corps of twenty-two nurses and three graduates. The profession of nursing opens a larger field of uselfulness to many worthy young women and young men.

Miss Antoinette Abbott sang three selections in her characteristic pleasing manner. The accompaniment was played by Miss Carrie B. Raymond.

After the presentation of diplomas by Dr. Benj. F. Bailey in a short address, a reception was held at the sanatorium. The reception room, halls and dining room were beautifully and tastefully decorated in the class colors, red and yellow, in flowers, banners and ribbons.

The class consists of nine young ladies and one young man.

We predict for each one a bright, happy and useful future. They are deserving of every confidence from the medical profession.

The graduates are: Lulu Abbott, Lincoln; Cecil Carpenter, York, Neb.; Cora Higgens, Stella, Neb.; Jennie Higgens, Stella, Neb.; Mrs. Wilsey, Stella, Neb.; Gertrude Keating, Columbus, Neb.; Laura Pugh, Lincoln, Neb.; May Richardson, Fairbury, Neb.; Ernestine Stewart, Corning, Ia.; Frank Purnell, Atkinson, Neb.

The graduates were simply deluged with beautiful flowers and presents of all kinds, and it was a happy week for all at Green Gables.

## El Paso, Tex.

The graduating class of the Providence Hospital School for Nurses held exercises at the Elks' Home on the evening of May 14.

Dr. M. O. Wright presided. Rev. W. E. McLeod opened the exercises with the invocation: The address to the graduates was delivered by Dr. Hugh Crouse. President Dr.

M. P. Shuster presented the diplomas and badges. Vocal solos were rendered by Mrs. Lelia Moore, Miss Sansome and Dr. Breuner. There was a piano solo by Mrs. Richmond and a violin solo by Mr. Stephen Shuster. The Rev. Henry Easter pronounced the benediction. A reception followed the exercises.

The graduates are: Josephine R. Young, Mary Elizabeth Black, Mary Hvidberg, Helga Hvidberg, Marie Sansome. The class motto: "For others." Miss Mary J. Finlayson is superintendent."

## Baltimore, Md.

The graduating exercises of the Maryland Homoeopathic Hospital School for Nurses were held Tuesday evening, May 26, 1908. The programme consisted of: Prayer, Rev. E. A. Edwards; conferring of diplomas by Mr. D. W. Williamson, vice-president of the Board of Directors; presentation of pins, Dr. H. M. Stevenson, president of the Training School Committee; address to the graduates, Rev. Ezra K. Bell; benediction, Rev. E. A. Edwards. There was also music, both vocal and instrumental.

The members of the class of 1908 are Maude Eloise Maisch, Laura Virginia Bauer, Blanche Alice Hummer. Miss Mary C. Campbell is superintendent.

## Keyser, West Va.

The Hoffman Hospital Training School for Nurses, of Keyser, W. Va., held its second annual commencement in the high school auditorium on Tuesday evening, May 26. Diplomas were conferred by Dr. Charles S. Hoffman on two graduates—Miss Elizabeth Nesbitt, of National, Maryland, and Miss Adella C. Vink, of Keyser. Ex-Senator Wellington, of Cumberland, made the address of the evening. After the exercises an informal reception was held at the hospital from 9:30 to 10:30 p. m.

Miss C. M. Shertz is superintendent of nurses.

## Brooklyn, N. Y.

The Brooklyn Hospital Training School Alumnae held its last meeting for the season on June 2. The report from Miss Hadden, delegate to the Associated Alumnae convention in San Francisco, was read with much

interest. A strawberry festival will be held in the hospital grounds June 5. Proceeds for the clubhouse debt.

#### Wheeling, W. Va.

The Haskins Alumnae Society of Wheeling, W. Va., met June 5, 1908, in the reception rooms of the hospital. The meeting was called to order by President Mary Crump.

in the reception rooms of training school. Delightful refreshments were served.

#### Sioux City.

Tuesday evening, June 2, ten young women graduated from the Samaritan Hospital Training School for Nurses, the exercises being well attended by a large audience, including the relatives and friends of the grad-



PROVIDENCE HOSPITAL, EL PASO, TEXAS.

The following nurses were admitted to membership: Miss Nelly Lally, Miss Elizabeth Healy, Miss Bertha Evans.

Miss Lally was elected treasurer to succeed Miss Alice Fowler, who was married June 3, 1908.

After the regular routine of business the meeting adjourned to meet in December, 1908,

uates. The opening prayer and the benediction were given by the Rev. E. H. Gaynor, rector of St. Paul's Episcopal Church. Music was furnished by the Y. W. C. A. Musical Club, Dr. W. H. Hanchett giving the class address, which was interesting and well received. At the close of Dr. Hanchett's address Mrs. J. A. Dean, chairman of the "School

Committee," made an address and presented the diplomas. At the conclusion of the above programme refreshments were served. Those who satisfactorily completed the course of training were the Misses Emma Baersler, Mattie Kruiser, Sybil Hackit, Jennie Pederson, Alma Erickson, Nettie Morris, Mary Goodale, Marge Pitzer, Lonnie Hayden, Elvira Julius.

### New England Association for the Education of Nurses,

The seventh semi-annual meeting of the New England Association for the Education of Nurses was held in Boston, Friday, May 15, 1908, at the Institute of Technology.

The afternoon session was opened at 4 o'clock with Dr. Hugh Cabot presiding. After a brief address on the objects of the association, Dr. Cabot introduced Jeffrey R. Brackett, Ph. D., Director of the School for Social Workers, who took for his subject "The Newer Opportunities Open to Women with a Nurse's Training." This was followed by "Nurses in the Public Schools," Dr. Margaret E. Carley, Supervisor of School Nurses; "Nursing of Convalescent Patients," Miss Annette Fiske; "Nurses in Social Service Work," Miss Eda M. Cannon, Social Service Department of the Massachusetts General Hospital. Among those taking part in the general discussion which followed were Dr. Alfred Worcester and Dr. Palmer.

The evening session was given over to the discussion of the paper "Training Nurses for Institutional Work," by Miss Charlotte A. Aikens, of Detroit, Mich. Dr. G. H. M. Rowe, Superintendent of the City Hospital, Boston, who was to have led the discussion, was unavoidably absent, and his place was filled by Miss Lucy Drown, of the Training School of City Hospital. Others taking part were Dr. Washburne, Superintendent of Massachusetts General Hospital; Miss Dolliver, Superintendent of Nurses, Massachusetts General Hospital; Dr. W. O. Mann, Superintendent of Massachusetts Homeopathic Hospital; Miss Susan Tracy, Superintendent of Nurses, Adams Nervine, Jamaica Plain; Dr. Patch, Dr. Thompson, of Fitchburg, and Dr. Alfred Worcester. These papers and discussions will be published in THE TRAINED Nurse at an early date.

#### Iowa State Association of Graduate Nurses,

The fifth annual convention of the Iowa State Association of Graduate Nurses was held at Sioux City, Iowa, June 3, 4, 5.

The opening session was held Wednesday afternoon at the Mondamin Hotel, the head-quarters for the association, with 150 nurses in attendance, Miss Jane Garrod, of Davenport, second vice-president, presiding and making the opening address, in the absence of the president of the association, Miss Alice Slaughter, of Ottumwa, who was compelled to be absent on account of illness.

Right Rev. P. J. Garrigan delivered the invocation and paid the nurses a high tribute. The Mayor of the city, Hon. W. G. Sears, then welcomed the nurses with appropriate

greetings. Miss Anna Goodale, of Cedar Rapids, responding for the nurses.

The principal business proceedings of this session were the presentation of credentials, paying of dues and the reports of committees.

Among the latter Miss Luella Bristol, of Des Moines, the State's delegate to the convention of the Nurses' Alumnae Association of the United States, held in San Francisco May 5-10, gave an interesting report of that meeting. She had a fine display of pictures and post cards to illustrate her talk, and many pamphlets explaining the technical points of interest discussed. Miss Mary Bucknam, of Sioux City, followed Miss Bristol's report with an excellent paper on "Tuberculosis-Its Origin and Prevention," which was a comprehensive review of the progress made and being made in the treatment of the white plague. She placed particular emphasis upon the preventive feature, and advocated particularly the establishment of more hygienic conditions in the city schools. She spoke warmly in praise of the good work done by the "visiting nurses," a class of public workers not yet on duty in Sioux City, but soon to be maintained there.

Mrs. J. W. Tyrrel, of Des Moines, led an interesting discussion which followed the paper.

Miss Wilhelmina Blinn, of Waterloo, then read a paper on the subject of "Dietetics." Miss Esther Maxwell, of Osceola, led in the discussion of the subject, which finished the morning session. The delegation then visited St. Vincent's Hospital and Shenkberg's candy

palace, where entertainment for the morning ended.

In the afternoon the association was tendered an informal reception at the Good Samaritan Hospital by the Women's Christian Association. For the evening's entertainment the Commercial Men's Boat Club gave a reception and dance at Riverside Park, which was attended and highly enjoyed by 150 couples. The grand march was led by Miss Jane Garrod, of Davenport, president protem., and Dr. Frederick Roost, of Sioux City. Dainty refreshments were served during the evening.

At the morning session June 4 the concluding reports of committees and the consideration of the important work of amending the constitution took up most of the time allotted. The report of the Credentials Committee showed that the State association has now a membership of 800 and that 520 of these members are Iowa graduates, indicating that training and activity belong practically to the same field.

The report of the Financial Committee, as read by the chairman, Miss Florence Maxwell, of Sioux City, also showed that the organization is established upon a good working foundation.

Following the reports, Miss Helen Balcom, of Dubuque, Superintendent of Nurses of the Finley Hospital, read a paper on "Criticism the Nurse Justly Deserves." In a plain, practical manner she called attention to some failings of the "angel of the sick room." First, she decried a tendency on the part of many nurses to discard the uniform upon leaving the training school, and declared that each nurse should be as careful in adhering to uniform regulations after she has left the hospital as while in training. She also emphasized the importance of promptness in all emergency calls and appointments, and spoke emphatically for a cultivation of the habit of "saving up for the rainy day," stating that economy was not a characteristc prevalent among nurses as a class.

The afternoon session was given over to the settlement for place of next meeting and the election of officers for the coming year. As Des Moines, Dubuque, Council Bluffs and several other cities were all anxious to entertain the nurses next June, a lively contest took place during the election. The two cities first mentioned having the largest delegation present, the two factions battled for supremacy, the Dubuque nurses winning. The convention will be held in that city in June, 1900.

The newly elected officers were: Miss Jane Garrod, of Davenport, president; Miss Anna Goodale, of Cedar Rapids, first vice-president; Miss Abbie Tabor, Sioux City, second vice-president; Mrs. Ida C. Neff, secretary; Miss Killeen, of Dubuque, treasurer.

The convention was closed with an elaborate banquet at the West Hotel the evening of June 5. In the dining room, which was prettily decorated with greens and cut flowers, the newly elected officers, the toastmistress and other speakers were seated at a daintily spread cross table, which formed the base of the large table at which the 160 nurses, guests and hostesses were seated.

Miss Florence Maxwell, who presided as toastmistress, opened the programme of toasts with a neat simile explaining her appreciation of the embarrassment of the little "tug" which knows the "big boat" is following, and, with a tribute to that good friend of the nurses, "The Doctor," introduced Miss Estelle Campbell, of Des Moines, who treated this subject with technical but mirth-provoking skill. "The Line of Duty" was treated by Miss Juliet Kangley, of Sioux City, who expressed concisely and in rhyme the hope that "We to our duties may be true."

Miss Jane Garrod gave a witty talk on "The Nurse," by first burlesquing the talk of outsiders about the "noble, self-sacrificing profession." She then treated in satirical style the "joys of the profession." However, in serious manner she closed by poetically showing the real pleasures and rewards of the nurse's work.

The topic "Three Words" was entertainingly responded to by Miss Elizabeth Trotter, of Ottumwa. Miss Stiles, one of the hostesses of the evening, then toasted the guests, calling them the "cream of the profession in Iowa," and the guests were represented in response by Miss Garrod, who toasted and thanked the hostesses for the splendid entertainment and invited all to attend the next convention in Dubuque, June, 1909.

#### Married.

At El Paso, Texas, April 22, Elsie Selina Richter to Mr. J. Eugene Root. Miss Richter is a graduate of the class of '03 of St. Luke's Homocopathic Hospital, Philadelphia, and has been quite a successful nurse, having nursed mostly in the States of Pennsylvania and Maryland. She was one of the relief nurses at Butler, Pa., during the 1903-4 typhoid fever epidemic, and holds a certificate for efficient work from there. Mr. Root is a native of Pennsylvania and a graduate of the Pennsylvania State College of Civil Engineering. Mr. and Mrs. Root will reside in Tucson, Arizona, where Mr. Root is engaged with the Southern Pacific R. R. Co.

Miss Ellen Peterson and Mr. H. H. Young were united in marriage on June 4, 1908, at the home of Mr. and Mrs. N. W. Hensley, Tampa, Fla.

Miss Peterson came to sunny Florida six months ago, in search of health. She is a graduate nurse of the Rochester State Hospital, Rochester, Minn., and during her stay here has made many friends. Mr. Young is a very popular young business man, of Tampa.

Miss Alice Fowler, of Martin's Ferry, Ohio, member of the class of 1906 of Haskins Training School, was married June 3 to Mr. Louis Ankron, of Tyler County, W. Va.

#### + Born.

April 21, 1908, at Division Hospital, Manıla, P. I., to Mr. and Mrs. William Tracy Page, a son. Mrs. Page was Miss Lucille Flick, late chief nurse, Army Nurse Corps, in the above mentioned hospital.

#### + Personal.

Miss H. Alice Morris, of Tampa, Fla., an old graduate of the Rochester (Minn.) Hospital, will join a party in Philadelphia the last of June for a European tour. Miss Morris is a very active nurse in Tampa. While abroad she will visit many noted hospitals on the Continent, and will take a post-graduate course in surgical nursing in Leeds, England, returning to Tampa the latter part of November.

Miss Cora Goldsmith, formerly superintendent of the nurses' training school of the Protestant Deaconess Hospital, Evansville, Ind., has been elected superintendent of the Methodist Deaconess Hospital at Indianapolis.

Miss Edith P. Rommel, R. N., president of the Minnesota State Board of Examiners of Nurses, who was elected State Delegate and also Representative of the Hennepin County Graduate Nurses' Association to the Convention of the Nurses' Associated Alumnæ of the United States, at San Francisco, and Miss Edith A. Gatzman, R. N., the chosen delegate of the Northwestern Hospital Alumnæ Association of Minneapolis, remained in California after the close of the convention.

Miss Anna M. Simonson has resigned her position as Superintendent of the Training School for Nurses of the Jewish Hospital, of Brooklyn, N. Y., to take effect June 15, 1908.

Miss Anna M. Sabol, who has been assistant superintendent of the Training School for Nurses, has been appointed to succeed Miss Simonson.

Miss Elizabeth B. Chadwick assumed her duties as assistant superintendent of the Training School for Nurses of the Jewish Hospital, of Brooklyn, June 1, 1908.

Miss E. J. Shepping, for the past year head nurse in the Jewish Hospital, of Brooklyn, has accepted the position of night superintendent in that institution for July, 1908.

Miss Mary Josephine McCloud, of Norwich, Conn., a graduate of the New Haven Training School for Nurses, formerly superintendent of the Matanzas Hospital, Cuba, and General Hospital, Mexico City, and also chief nurse in the U. S. Army, who recently graduated in the Swedish system of massage, gymnastics, electro and hydro-therapy, from the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa., is acting as assistant superintendent for the Visiting Nurses' Association, Philadelphia, during the absence of the superintendent.

Miss Jessie Higbee, one of Des Moines's well known trained nurses, who underwent a serious operation the latter part of May, is

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slowly recovering at the Iowa Sanitarium, her early recovery being retarded by her removal with thirty other patients to a fire station near by on the night of June 2, when the institution was threatened by fire, but which was saved with but little damage, and the patients removed but little the worse for the exciting experiences.

Mrs. Dr. Kellogg and little daughter, of Blanchard, Iowa, were guests of relatives and old-time friends in Des Moines during the first week in June. Mrs. Kellogg was formerly Miss Alice Hawkins, of Des Moines, and a graduate of the Homeopathic Hospital Training School for Nurses, Iowa City, class of '89.

Miss Ethel Dunham, class of '07, Homeopathic Hospital, Iowa City, now superintendent of the "Eleanor Moore" Hospital at Boone, Iowa, visited friends and old classmates in Des Moines the early part of June.

Miss Rebecca Myer, who for several years did private nursing in the city, has taken a claim near Billings, Mont., where she has gone to spend the Summer months.

Miss Ethel Walker, chief nurse of the D. A. V. Soldiers' Home at Danville, Ill., visited her sister in Des Moines during the month of May.

Miss Millicent Schaar, for some time connected with the nursing force of the Iowa Methodist Hospital, Des Moines, succeeds Miss Jean Treleaven as head nurse of that institution.

The Des Moines graduate nurses who attended the State convention at Sioux City as delegates and guests were the Misses Dora Bunch, Estelle Campbell, Carrie Lindholm, Flora Patzig, Luella Bristol, Estella Bristol, Daisy Barclay, Jennie Noonan, Rose Mahoney, Edith Russell, Estella Van Horn, Millicent Schaar and Mrs. J. W. Tyrrel.

The following graduate nurses of Cedar Rapids, Iowa, represented the city association at Sioux City June 3, 4, 5: Misses Grace Baker, Mary Pierce, Elizabeth Zangneister, Jessie Wilson, Anna Goodale, Addie Hart and Mrs. Dora Metcalf.

The Misses Louise Schwarting, Wilhelmina Blin and Ida C. Niff, of Waterloo, Iowa, as delegates from this city, attended the annual convention of graduate nurses at Sioux City, and reported a most excellent meeting and large attendance.

Misses Anna J. Wendel, of Moquokela, Iowa; Carrie Kinley, of Tama; Lulu Allen, Clear Lake, Iowa; Ruth Deming, of Luvern, Minn.; Lillian Alden and Sophia Story, of Mason City; Bertha Bishop, of Cedar Falls; Miss Bowker, of Ottumwa; Violet Carhart, of Mapleton, Iowa—all trained nurses—attended the Iowa State Nurses' convention at Sioux City.

Miss Clara L. Craine and Miss McGrath represented the Davenport Graduate Nurses' Association at the Iowa State convention in Sioux City, June 4 and 5.

Mrs. Fred J. Brockway, R. N., has recently been appointed General Secretary of Stony Wold Corporation, with offices in New York City. Her duties begin in January, 1909.

Mrs. Brockway is a graduate of Johns Hopkins Hospital Training School for Nurses, graduating in 1901.

She has never actively engaged in nursing, but has always been interested in the progress and development of nursing along professional lines.

Mrs. Brockway has registered in her own State, Maryland, also in New York State, as a nurse.

She is President of the Association of Graduate Nurses of Manhattan and Bronx, of City of New York; Vice-President of the New York County Nurses' Society, and Chairman of the Legislative Committee of the New York State Nurses' Association.

Miss Margaret A. Zabel, a graduate nurse of the German Hospital, Philadelphia, and for a number of years associated with this institution, and also a graduate in the Swedish system of massage, medical and orthopædic gymnastics, electro and hydro-therapy of the Pennsylvania Orthopædic Institute and School



of Mechano-Therapy, Philadelphia, recently of Gainesville, Fla., has been engaged as head nurse by the latter institution.

Mr. Paul H. Gerhart, of Wernersville, Pa., who graduated in 1905 in electro-therapeutics from the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa., has received his diploma from the Hahneman Medical College, Philadelphia, and has been appointed resident physician at the Homœopathic Hospital in Reading, Pa.

Miss Mary A. Hagan, of San Francisco, Cal., head night nurse Southern California State Hospital, who recently graduated from the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, in the Swedish system of massage, gymnastics, electro and hydro-therapy, has returned to California, to be permanently located in San Francisco.

#### Obituary.

Died at the home of her uncle, Simon Casady, 708 Fifth street, Des Moines, Iowa, on June 2, Miss Grace Choate, daughter of Mr. and Mrs. Henry Choate, of Chicago. Miss Choate was a trained nurse, a graduate of St. Luke's Hospital, Davenport, Iowa, and for some years after her graduation practised her profession in Chicago. Miss Choate's death followed a long illness. The funeral services were held at St. Paul's Episcopal Church June 4, the interment taking place at Woodland Cemetery, Des Moines.

Mrs. Emily E. Woodley, a noted army nurse of the Civil War, died of pneumonia at her home, No. 30 North Fifth street, Philadelphia, Pa., on Friday morning, May 15th, 1908, aged

seventy-three years. On Tuesday afternoon, May 19th, she was buried in Fernwood Cemetery, with military honors befitting the woman upon whom President Lincoln bestowed a captaincy in the army. Tottering blueuniformed Grand Army men from many of the Posts joined with the representatives of several patriotic societies in rendering full military honors to the memory of "Mother Wilson," as she was called by the soldiers on the field of battle. Just as though one of their own comrades was about to be laid at rest, the veterans stood at salute before the casket, followed it in military order as it was carried out of the house, lined up at the grave, and stood at attention while the firing squad of Camp No. 5, Sons of Veterans, fired a volley over the opened grave. Then the bugler of G. A. R. Post 35 blew the final call of "Taps."

Indeed, the aged men declared, she was a comrade, for she was a regularly enlisted soldier in the great conflict and was tendered a captain's commission by President Lincoln himself in recognition of her gallant service as a nurse on the field of battle. Then, too, she had been the only woman who was ever made an active member of the G. A. R., so she was one of the few that received all the final honors accorded to a fighting man. The services at the house were according to the Protestant Episcopal ritual, and were conducted by the Rev. F. C. Washburn and the Rev. H. Baines, of Christ Church, and the Rev. S. P. Kelley, of St. Barnabas. Seven soldiers, representing the Board of Managers of the Home for Veterans and Wives, acted as honorary pallbearers, as also did eleven nurses representing the alumni of the nurse school of the Philadelphia Lying-in Charity Hospital.



## Facts are Impudent

when they contradict theory and Criticism, valuable or worthless, as judged by the standard of Results obtained.

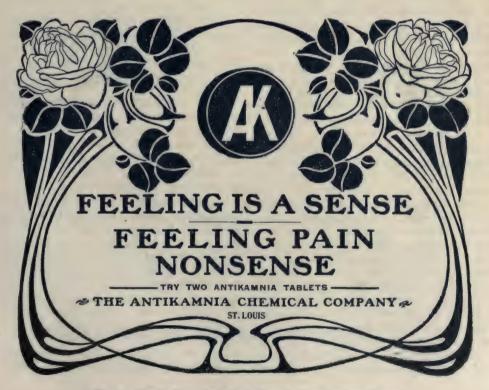
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## The Editor's Letter-box

What Are We Going to Do About It?

To the Editor of The Trained Nurse:

In another magazine I read that out of 140 nurses who had taken the February examination for registration in New York State 66 failed on diet cooking. It seems to me that when nearly half of the whole number trying fail on one subject there must be some fault with the examination paper and the method of conducting the examination. It was remarked to me some time ago that the policy of the New York State Board of Examiners seemed to be to try to find some reason for not registering graduate nurses as well as schools, and this examination and the results seem to show that there is some truth in the remark. A great many examples of gross injustice on the part of that board have been related to me in the past few years. If 66 doctors in one State were deprived of registration at one stroke after graduating from a medical school, I can imagine there would be quite a public furore and the searchlight would be turned on the State Board. No band of 66 men would quietly accept such a verdict. Why should women forever submit to injustice? Personally I have known many hundred doctors, but I have yet to meet one who after graduating was not allowed a license or was prohibited from registering. There are probably a few such, here and there, but they are far from being common.

Some of the questions on that diet cooking examination where 66 nurses are said to have failed would require an expert lawyer or analytical chemist to decide exactly what kind of answer the examiner expected. Take for example Question 2—"What are food adjuncts?" I claim to have a good ordinary knowledge of dietetics, but I could not guess at what kind of answer was expected to such a question.

Question 4 asks "Which food principles contain nitrogen?" If the question had said "Name the principal foods containing nitrogen," I could have answered it, but I could

not say with any degree of certainty what kind of answer was expected to number 4.

Question 6 asks: "Why is air necessary in the utilization of food for the body?" Most nurses, even idiots, know that air is necessary for the body. They know that life could not be continued many minutes without it. Most nurses know that air is sometimes called a food, but to ask why air is necessary to the utilization of food seems an absurd question. Without air the body would be dead. It would not need food—couldn't possibly utilize it if it was poured into it.

Such questions lead one to ask another: What have such absurd questions got to do with the actual daily practice of nursing? Why should 66 nurses be deprived of registration because of their inability to answer such foolish questions?

Here is another. Question 5 asks: "What is a calorie?" Perhaps a nurse ought to know what a calorie is, but if she had a good practical training in a hospital under an experienced nurse superintendent might she not be allowed to register if she never heard of a calorie? Are there not thousands of good nurses practicing who could not answer it? Will any man or woman, nurse, physician or layman, state how the fact that she did or did not know what a calorie was should necessarily interfere with her ability to give good practical care to the sick?

The same question might be asked regarding Question 11: "What food principle is lacking in wheat?" I am ready to say that there are many hundred physicians to-day practicing medicine who could not, off-hand, answer that question. Suppose they could. Suppose a nurse could answer it. Does it follow that because she could answer that question she is a reliable, practical, efficient nurse, or the opposite?

Question 7 asks: "What foods should be avoided in the dietary of a young child? There is no age limit stated. "A young child"

### Coffee and Rheumatism

From careful experiments by a physician who has made an extensive study of rheumatism, it has been shown that the use of coffee as a regular beverage tends to increase the uric acid in the blood and thus to incite rheumatic attacks.

Taking into consideration, also, the action of caffeine on the heart as a stimulant, which, of course, has its reactionary effects, it would seem that the rheumatic has no place for coffee in his dietary—if any one ever has.

In examining the records of many cases of rheumatism—those sub-acute cases in which there is relief for a period followed by a "storm"—it was found that practically all were habitual coffee drinkers, some using black coffee in large daily portions.

Leaving off coffee, in these cases, is frequently the most difficult part of the rational treatment. But that it should be accomplished is without question—if permanent relief is to be obtained.

Postum, made of wheat, including the bran-coat with its elemental salts which play such an important role in cell elaboration, is an ideal hot drink for those individuals who must eschew coffee and tea.

When boiled thoroughly, according to directions on the package, until it is a dark brown liquid containing the nutrient properties of the wheat, postum has a flavour similar to Java coffee. This is seen by chewing a few wheat berries roasted by the makers of postum—the aroma is surprisingly like coffee. '

But there is no coffee or other harmful substance in postum—nothing but clean, hard wheat specially roasted, to which is added a slight amount of molasses.

Physicians are becoming more wide awake to the fact that coffee is harmful and that postum is beneficial; and their attitude in the case naturally redounds to the good of the families under their professional care.

Doctor, if you have not yet received your copy of the new "Clinical Record" for bedside case taking, it will be sent you with your name stamped on cover in gold; also liberal samples of postum and grape-nuts, on receipt of request from you.

POSTUM CEREAL CO., Ltd., Battle Creek, Mich., U. S. A.

might mean a child of any age from a newborn infant up to one of five or six years of age. Any attempt to answer an indefinite question of that kind must be like a shot at random.

Question 14, "Give recipe for scrambling two eggs," is a matter on which a dozen dietetic experts might all give different answers, and who could decide which was right? Of course a nurse ought to be able to give a recipe of some kind, but might there not be more than one right way?

There are other comments I might make on this paper as well as on others in the same group and others coming from the same board at different times. When such methods as these are used it is not hard to understand why only about one-third of the graduating class from one of the best New York schools went up for their R. N. examination. I, too, would like to ask, What are we going to do about it? What is the best way to get at the bottom of this political trouble?

PRISCILLA.

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#### Teachers vs. Nurses.

To the Editor of The Trained Nurse:

I should like to suggest to the Graduate Nurse whose letter appeared in the May Trained Nurse that she consider the advantages of nursing and the disadvantages of teaching for a moment, since it hardly seems fair to balance all the advantages of teaching against all the disadvantages of nursing. There are such things as district schools, where the pay perhaps a little more than covers expenses, or where the experience is perhaps expected to serve as pay; where the teacher finds little that is congenial in her surroundings and hardly knows how to spend her perhaps abundant leisure. It is not all bliss to keep in order and to try to instil knowledge into the heads of a roomful of thirty or forty children of all kinds, and most public school teachers find enough connected with their teaching to occupy also most of their time outside of school hours. Private school teachers are perhaps better off, but their days are well filled and many sit up very late studying and correcting papers. Besides, they ought to get some advantages, these school teachers, if not in salary at least in leisure and independence, in return for their long and expensive training for their profession. The nurse gives very few years to her training compared with the teacher and is at practically no expense, and she gets higher remuneration, on an average, afterwards. Is it not, then, just that she should find some drawbacks. It is not the easy kinds of work that pay highest, and nursing would not pay so well if it were an easy, happy life in all its de-The comparative independence and leisure of the teacher and her material compensation-there is always a higher compensation in every form of labor-for the years spent and the expense incurred in going through high school, college, normal school. The higher pay is the nurse's material compensation, not for the time and expense she has been at, for they are comparatively small, but for the special difficulty and trying character of her work. And when it comes to balancing the spiritual compensations, those of the nurse, to my mind, far outweigh those of the teacher. There is no work but has its difficult, its disagreeable side, but we can make these disagreeables of no avail, nay, even turn them into blessings, if we will. Whatever the disadvantages of nursing, certainly no profession has greater advantages. The nurse who persistently looks for the good and the pleasant in her work will find them, as her sister who looks for discomfort and disappointment will also see her expectations realized. Many a school teacher has taken up nursing, but it is a question if a nurse ever takes up school teaching. As we sometimes see stated of other things, "there's a reason." ANNETTE FISKE.

#### Diet of the Mother.

To the Editor of The Trained Nurse:

In reply to an "Interested Inquirer" want to say, during the first three days I keep my patients on liquid diet, then a light diet for a week. After that they return to their regular diet (though while in bed I give the things that I know are easily digested). My patients never have to deprive themselves of anything, unless they know it is something that is going to give them indigestion. They eat fruit, vegetables, meat, cereals of all knds—in fact, anything they have been in the habit of eating before the baby came.

ANNIE L. P. HARRISON.

### WHAT

has been more definitely determined in actual practice than the therapeutic utility of judicious hematinic therapy?

#### What

preparation of iron and manganese is, and always has been, the most openly, flagrantly and universally imitated?

#### What

preparation has been most largely instrumental in demonstrating the peculiar value of iron and manganese combined?

## Pepto-Mangan ("Gude")

exercises distinct and definite hemogenic and nutrogenic properties in Anemic, Chlorotic and Marasmic conditions.

In original bottles only.

Never sold in bulk.

Samples and literature upon application.

M. J. BREITENBACH CO., New York, U.S.A.

45

### Infantile Disorders

are frequently due to improper diet. The most important duty in the care of an infant is in regard to its feeding. The baby's digestive tract is not fully developed at birth. Breast milk is not only of a character that can be digested by an infant's partially formed organs, but it aids in the gradual development of those organs.

### Lactated Infant Food

is the only food that exactly combines all the nutritive virtues of breast milk. It is predigested, does not produce irritation, subdues inflammation of stomach and intestines and is retained by the weakest stomach. The practitioner will find it a perfect succedaneum for mother's milk, and it is presented to the medical profession as a product of unvarying quality, uniformity and efficiency. Samples on request.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

WELLS & RICHARDSON CO. BURLINGTON, VT.

## The Hospital Review

#### Children's Memorial Hospital, Chicago.

On or about the first of August two new buildings—one a \$75,000 children's hospital complete in itself—will be opened on land directly across the street from the present hospital buildings. At the same time the institution will inaugurate the first training school in Chicago exclusively for children's nurses.

Of these improvements the most important is the Maurice Porter memorial building, given by Mrs. Julia F. Porter as a memorial to her son.

The building is a two-story fireproof structure, of pressed brick, designed in a modified colonial style. The most modern ideas in hospital construction have been used, and the sterilizing apparatus, the plumbing and all the interior fittings have been selected carefully to meet the peculiar needs of the institution.

The first floor of the building will be used for boys and the second for girls. On each floor there is a large sun porch facing the south, which will be glassed in for the Winter months and screened in Summer. The building will accommodate fifty children and will be used exclusively for medical cases.

Each floor really is a complete hospital in itself. On each there are four wards, a dining room for convalescent children, a diet kitchen, a linen room, a nurse's service room and full bathroom equipment. On the second floor there is a small laboratory and a surgical dressing room.

The basement of the building contains the receiving room, where a careful examination will be made of each applicant for admission to the hospital. In the basement also are the general service rooms, servants' rooms, fan room, and a large steam sterilizer.

Mrs. Porter built the original Children's Hospital in memory of her son, and it was known originally as the Maurice Porter Children's Hospital, Mrs. Porter's gift being used as an endowment fund. In 1903, however,

the board of managers, feeling the name should indicate a public rather than a private charity, asked Mrs. Porter to consent to a change of name and to give the principal of her gift, \$75,000, for a building to be erected as a memorial to her son. The present building is the result.

The second of the new buildings—the Cribside pavilion, given by the Cribside society with a fund started at the Cribside kirmess of 1906—was started several months after the Porter Memorial. This is a sort of combination of hospital and creche, accommodating twenty-four babies in two large wards. In addition, there are two private wards.

In the basement of the pavilion is a milk laboratory, bottle room and demonstration room.

The nurses' training school, which will start in August, will be under the direction of Miss Rena S. Wood, who for five years was head nurse of the Philadelphia Children's Hospital. The course will include a year of adult nursing at the Presbyterian Hospital and two months of visiting nurse work.

The Children's Memorial Hospital started in 1882 with eight beds in a private dwelling. In 1886 the present building was built, and in 1903 the work of extending the capacity of the hospital broadly was begun with the formation of the Children's Hospital Society and a Woman's Auxiliary Board, the latter now headed by Mrs. Russell Tyson.



#### Painesville Hospital, Ohio.

The new building of the Painesville Hospital was opened to the public on the evening of June 3. This was also the occasion of the first annual commencement exercises of the Training School for Nurses.

The building is in the shape of an L, and is joined to the old frame building. The halls on the two floors run through the centre of the L and are done in Georgia pine and white. The individual rooms and wards, with

## Antithermoline

A Superior Surgical Dressing

Made from the best quality of imported Welsh Kaolin



A most effective application in all conditions of irritation, congestion, and inflammation. Now sold in screw top glass jars which can be resealed.

FREE to Nurses—NURSES' HANDY BOOK, containing much valuable data and useful information connected with a nurse's duties.

## Secretogen

A Stimulator of Digestive Secretions.

Indicated where there is a deficient supply of digestive ferments, malnutrition and disorders resulting therefrom, neurotic conditions, intestinal fermentation, dyspepsia, etc.

Literature sent to physicians and nurses on request.

### G. W. CARNRICK CO.

42 Sullivan Street :: :: New York City

diet kitchen, lavatories, pharmacy room, bath and other rooms, are attached on both sides and are numbered. The lavatories and bath rooms are in tile and enamel. An elevator is also a feature. The basement is large and well arranged, and contains the laundry, steam heating plant, storeroom, dry room and dumb waiter facilities for clean and soiled linen.

The first floor contains the Wilcox Memorial room, furnished in honor of Mr. and Mrs. Aaron Wilcox, the room furnished by Doolittle Brothers, the Murray room, the Tillotson Memorial, furnished in mahogany by Mrs. H. P. Knapp, and the men's ward, with accommodations for six patients. These rooms are all furnished with taste and completeness and reflect credit upon the donors.

On the second floor is a room furnished by two of the primary classes of the Methodist Sunday school, the Knights of Columbus foom (in mahogany), the Daughters of St. James room, the Elks' room, the D. A. R. room, the East Side ladies' room and the women's ward, with accommodations for three patients.

The old Reynolds residence, which was the original hospital, is being thoroughly overhauled. It will contain a reception room and also an office, the latter to be furnished by the F. O. E. The dining room will also be in this building and will be the gift of the South Side ladies. The rest of the building will be devoted to nurses' quarters. This part of the hospital will be known as the administration building.

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#### St. Louis Skin and Cancer Hospital.

The new St. Louis Skin and Cancer Hospital, made possible by the gift of \$100,000 by George D. Barnard of 25 Lenox place, will be situated on Forest Park boulevard, between Taylor and Newstead avenues.

The site faces south, with a frontage of 200 feet, in one of the most beautiful residence districts of St. Louis. The ground is said to represent a value of \$13,000, leaving \$87,000 for a building.

The hospital was founded July 1, 1905. The purpose is to give free treatment to all persons suffering from cancer and kindred diseases, and the number of patients increased so rapidly that it soon became apparent larger

quarters must be supplied than those at 410 North Jefferson avenue.



#### Decroit College of Medicine.

The fortieth annual commencement exercises of the Detroit College of Medicine were held Thursday evening, May 28, at the Light Guard Armory.



#### Jewish Hospital, Philadelphia, Pa.

The laying of the cornerstone of the Nurses' Home and Surgical Ward Building on the grounds of the Jewish Hospital, at Tabor, provided for by an appropriation made by the Legislature at its last session, was witnessed yesterday afternoon by a large number of the institution's friends. The exercises were conducted by officers of the Grand Lodge of Free Masons.

Three silver trowels were used in connection with the cornerstone laying. One of these was presented to William B. Hackenburg by Simon Muhr, now dead, at the laying of the cornerstone of the Home for Aged and Infirm Israelites in 1899. The others were used at similar functions for the Lucien Moss Home for Incurables.

Preceding the cornerstone laying commencement exercises of the fifteenth graduating class of the Jewish Hospital's Training School for Nurses were held in the hospital building.



#### Nursing Home, Dixon, III.

Mrs. William A. Herrick has opened the Bethnill Private Nursing Home at Dixon, Ill. scenery is charming, and the river being very near makes it especially attractive.

Dixon is a city of 10,000 inhabitants, situated on the banks of Rock River, with beautiful drives in every direction, beautiful parks and a great many boats on the river. It is ninety-eight miles west from Chicago on the Chicago & Northwestern and Illinois Central railroads.

The home has eight rooms and is well equipped to care for nervous, medical, surgical and maternity cases.

It is an ideal place for patients requiring quiet and rest.

## The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

#### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

#### The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

#### The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN @ HANBURYS CO., Limited NIAGARA FALLS, N. Y.

## A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

## New Remedies and Appliances

#### Aletris Cordial Rio.

Where hysteria is the result of uterine troubles, Aletris Cordial Rio, combined with Celerina, is an excellent remedy.

#### Horlick's Malted Milk, Parfait,

To a gallon of Horlick's Malted Milk ice cream add two quarts of cream whipped stiff and mixed in with a paddle. Flavor with extract of vanilla to taste.

#### Ogden & Shimer's Mystic Cream.

Please mail me a jar of that "Mystic Cream" of which you sent me a sample the other day. Mrs. Griffiths thinks it's pretty nice. J. B. Griffiths, M. D.,

Lewistown, Pa.

#### Lysol.

Lysol, the best known disinfectant, germicide and antiseptic, for use in surgery, gynecology, obstetrics, and general practice, is now used daily in nearly every hospital in the United States, including the Army, Navy, and Public Health and Marine Hospital Service.

#### A Tonic and a Beverage.

Have used Horsford's Acid Phosphate as an accessory in cases of melancholia and nervous debility, and as a pleasant and cooling drink in fevers, and have been very much pleased with it.

DR. CHAS. H. S. DAVIS,

Meriden, Conn.

#### Canal Zone Comfort.

When my brother, who is with the Canal Commission, spoke of his difficulty in obtaining a satisfactory dusting powder, I at once suggested Pulvola. On the Isthmus, as in other humid tropical climates, something of the sort is absolutely needed as a regular toilet adjunct. Results were very satisfactory, and so Pulvola has another enthusiastic user.

J. HAYDN HIGGINS, M. D., Marston's Mills, Mass.

#### Triton Bath Salts.

I take pleasure in recommending your Effervescent Bath Salts. There have been several boxes used at my home, and the results were found to be very beneficial. Yours very truly. (Signed) SMITH D. MACKEY.

#### Carnrick's Nurses' Handy Book.

I wish to thank you for the copy of "Nurses' Handy Book," which I have just received. It contains valuable information in compact form, which might often prove of great value to a nurse. Again thanking you, Very respectfully, I. M. S., Chicago, Ill.

Sent free upon request.

#### Weakness and Syncope.

In cases of fainting and general debility Pepto-Mangan (Gude) is prompt in result as a general tonic and reconstructor. It is an ideal compound for combating weakness and wasting conditions. It increases the appetite, gives tone to the system, and acts as a general reconstructive agent.

#### The Better Known-The Better Liked.

The more that is known about Baker's Chocolate the more it is valued as an article of food. Students of the science of nutrition place it very high among the foods which yield the most for the least money. One remarkable thing about it is that it can be consumed with equally good results in hot and cold climates.

#### Uniforms.

We call attention to S. Rabinowich's advertisement in this issue. He is now making the uniforms and street outfits for the graduating nurses from New York, St. Luke's, Post Graduate, and New York City hospitals.

During July and August he is prepared to give special attention to nurses' orders, having plenty of time to get their outfits ready for the Fall.

## The Dangers of Cow's Milk

HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composi-tion, as closely as possible. The milk supplied to the Nestle Factories is col-lected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestle's Food, we will be glad to send to any physician.

HENRI NESTLE, 72 Warren St., New York.

#### SUMMER CLASSES IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics Term: 3 Months Tuition Fee, \$60.00

Course in Electro-Therapy Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms Term: 6 Weeks

#### SUMMER CLASSES OPEN JULY 8, '08 *7844 TREATMENTS GIVEN IN 1907*

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months. The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable. The Fall Classes open October 8, '08.

THE TUITION FEE WILL BE RAISED AFTER OCTOBER 1, 1908

INSTRUCTORS

T. D. TAGGART, M.D. (Jefferson Med. College).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

FRANK B. BAIRD, M.D. (Univ. Pennsylvania).

MAX J. WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.).

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).

LILLIE H. MARSHALL (Pennsylvania Orthopædic EleTITH W. KNIGHT Institute).

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopædic Institute).

WM. H. MONTGOMERY (Penna. Orthop. Inst.)

Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

#### Mild and Kindly.

Resinol Soap is mild and kindly in effect. It will restore the skin to its original sweetness and purity. It alone should be used for children and in the nursery, for it not only keeps the skin in a healthy condition, but it will also cure such troubles as milk crust, scald head, chafing, eczema and other childish ailments. In short, Resinol Soap is the best medicated soap for general toilet use.



Being free from the toxic properties common to many antiseptics, deodorants and germicides, inexpensive and easily applied, either in dry form or solution, in the proportion of from one to two teasponfuls to one pint of water used three or four times a day, Tyree's Antiseptic Powder is emphatically the most eligible preparation for general employment.

#### Sane or Insane-It Cures.

I have noted that Ergo-Apiol (Smith) in insane women may be expected to perform the same services even more promptly in the average case of amenorrhea as met with in ordinary family practice. This is proved conclusively in the numerous cases reported by various observers who employed Ergo-Apiol (Smith) in menstrual disorders.

GEO. S. WALKER, M. D., Staunton, Va.

#### A Perfect Antiseptic.

A perfect dental antiseptic, besides being alkaline, should not coagulate albumen. It should be a powerful deodorant and absolutely non-irritating; it should produce exosmosis and be of the proper specific gravity.

Glyco-Thymoline is a solution of this class. It was conceived with the natural constituents of blood and secretions of the mucous membranes in full view, and when diluted to a 25 per cent. solution it has a saline strength and alkalinity similar to that of blood.

#### Deserved Praise.

Dr. C. A. Bryce recently wrote editorially in *The Southern Clinic* in praise of Antikamnia as follows:

"We know its effects, its dose, and that it is safe to administer it in the doses we have

proven. We have found it a valuable remedy, and as such use it largely in a variety of diseases. We have never had any bad results from its use in large or small doses in old or young."

#### Daniel's Tincture Passiflora Incarnata

Is being used generally by the physicians of the land to control the nervous system. It is employed with the best results in cases of hysteria, delirium tremens, dysmenorrhea, dentition, childbirth and wherever a calmative, sedative or hypnotic is required. Its influence is very similar to that of the opiates, without their deleterious effects. A few doses give quietude and sound sleep to the most nervous patients, from which they awake refreshed, with the mental faculties clear and the nerves reposeful.

#### Pond's Extract.

In studying the action of Pond's Extract, it is found to possess marked anodyne, antiphlogistic, astringent, antiseptic and styptic properties. It relieves pain, irritation and congestion by its soothing and cooling effect on the surface structures, and a coincident improvement in the local capillary circulation. Its styptic action, which is specially marked in capillary hemorrhage, or bleeding from small vessels, is accomplished by both contraction of the vascular coats and an increase in the coagulation of the blood.

#### A New Feature.

As it always has been the aim of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, to give the students who take courses of instruction in the Swedish system of massage, medical and orthopaedic gymnastics, electro and hydrotherapy the best that any school has to offer, a thorough course in Pathology in such diseases as can be treated mechanically will be added this Summer to the regular curriculum. The practical work consists of daily lessons in the various branches of Mechano-Therapy, and frequent theoretical lectures will be given pertaining hereto, including anatomy and physiology. The students are also sent to various city hospitals to attend the clinics in the nervous and orthopaedic dispensaries.

MAX J. WALTER, Superintendent.



#### Use of Liquid Soap Spreading.

The use of solid cake soap in the sick room and in hospitals has given way considerably during the last year or so to soap in liquid form. Chief among those now on the market is Bender's Liquid Toilet Soap. This soap possesses superior cleansing powers and has reliable antiseptic properties. It is being very generally used in surgery and in the treatment of skin diseases, while among the laity it is not only used to wash with, but has found much favor for making vaginal injections and douches.

#### The Cresco Products.

Our products have been found highly important aids in the practice of scientific dentists, strengthening the teeth and promoting the health and growth of the gums.

None of these preparations are medical in character, but simply and solely pure grain food products, with no admixture of any other substance whatever.

We offer you the results of about thirty-five years of earnest effort to perfect suitable and reliable diet for the invalid and to aid the physician in his practice. Send for samples.—Farwell & Rhines, Watertown, N. Y.

#### Feeding Typhoid Patients.

In prescribing a sole milk diet for typhoid fever many overlook the fact that milk alone on entering the stomach becomes almost solid, and large, firm curds are likely to prove irritating to the ulcerating surfaces. When patients are fond of milk and seem to digest and absorb it thoroughly, there is no better diet when employed with Bovinine. It answers every requirement of a perfect fever food. Those who dislike milk or do not seem to digest it do well on Bovinine in barley, rice, or plain, and later when the digestive condition has improved, milk may again be taken up.

#### Anasarcin.

Case 1—Mrs. E., married; physical examination, aortic stenosis; no doubt of long standing. Goitre from pubescence. During first pregnancy developed acute nephritis, with pronounced general anasarca. Usual remedies tried unsuccessfully. Anasarcin recommended; tablet to be used every three hours. After three or four days' treatment, marked diminution of the dropsical effusion, which, being carried on during the remainder of gestation, enabled her to go through the parturient period successfully.

THOMAS H. STUCKY, A. M., M. D., Louisville, Ky.

#### For Your Vacation.

Vacation days are here again, and to many they mean days of travel, days of excitement, of unrest, with the dietary of hotel and dining car and change of water, often from the comparatively pure water of one locality to that heavily charged with mineral salts of another. The result is not surprising, and from June to October the doctors are usually busy with cases of diarrhoea, dysentery, cholera morbus, etc., etc. These are annoying if not serious. A most agreeable and efficient remedy is bismuth hydrate comp—Wampole. It is prompt and certain in its action, and not attended by the after constipation of most remedies of this class.

#### Excessive Oiliness.

Excessive oiliness or greasiness of the hair and scalp is very annoying, and results from an over-activity of the sebaceous glands. It is best relieved by a little more frequent shampooing with Packer's Tar Soap, say every fourth or fifth night. Then between each shampoo the scalp should be well massaged or manipulated every night at bed time. The result of this manipulation is to stimulate the circulation in the tissues of the scalp, and restore the oil or sebaceous glands to a normal condition.

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#### Bacteriological Experimentation.

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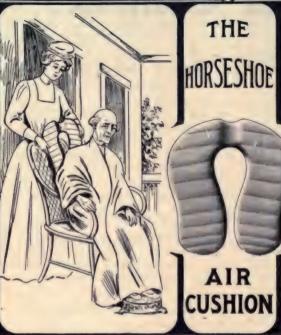
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# The Trained Aurse and Hospital Review

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No. 2

### Old Glory and the New Star\*

DITA H. KINNEY.

Superintendent of Army Nurse Corps

THE States have a new sister and the flag a new star! These facts are noted not because of any added significance to our power as a nation, or beauty to our splendid national colors. To "paint the lily" were a simple undertaking compared to an attempt to do either of these—but because our statutes require that when a new member joins the sisterhood of States, she shall be duly represented by an additional star in the blue firmament of our flag, and the very practical question as to how Uncle Sam was to go to work to put it there became at once one of interest.

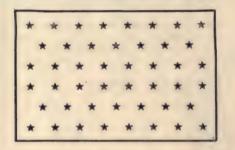
The job was obviously no small one, involving as it must the changing of all flags used for official purposes all over the world, from Cape Horn to Kamtchatka, from Good Hope to Alaska. Was our generous old Uncle to call in all the flags which were short one star, and issue new ones with the proper number? Or was he to order another star sewed or embroidered in the fields of those already in use? These and innumerable other relevant questions were asked of first one and then another official in the War Department, and all replies were

the same—"Indeed, I can not tell you, I never thought about it, ask So-and-so!" But "So-and-so" was no better informed, and the actual amount of digging which had to be done before the simplest facts could be brought out was truly surprising.

The first quarry of the hunt (who decides where in the constellation the new star was to have place?) was run to earth in the Department of State, where it was learned that this point is technically decided by the Secretaries of War and Navy in consultation, the actual work being done by the Bureau of Navis gation of the Navy. (It is said that this last re-arrangement of the stars was practically done by the great Admiral Dewey, though this may be only a pretty story.) The plan (whosever it may have been) having been approved and adopted a "General Order" was issued setting forth that "The field or union of the national flag in use will from and after July Fourth, 1908, consist of forty-six stars." Then followed a minute description as to how the rows were to be arranged and the accompanying diagram was appended.

<sup>\*</sup>This article deals only with the subject from the standpoint of the U. S. Army.

Since 1896 the stars in the field or union of our national flag have numbered forty-five, arranged in six rows, the first, third and fifth rows having eight stars, the second, fourth and sixth



seven. It will be seen from the diagram that under the new arrangement the new star was placed in the fourth row, thus making the two centre rows alike in their number of stars.

It is known that the very earliest flag carried by the patriots of the new nation had no stars in its field at all but the crosses of St. George and St. Andrew as seen in the present British flag. A Civil War veteran now employed in the War Department, who is thought by the officers of the Army to be one of the greatest authorities on the flag, has a pretty little theory (which seems also a reasonable one) concerning the evolution of our national emblem: He says "The Continental Army at Valley Forge were in desperate straits for the barest necessities of life, but were ablaze with a patriotism that no material suffering could affect. It is not surprising that they were unwilling to use as their standard the flag of the country which was oppressing them, but they had nothing else. Some ingenious soul among their number cut the red British flag into strips and attached these to a sail or other white background and placed in the corner of this new combination the field of the English flag, and thus metamorphosed, the new standard was used by the patriots as their own." He further says, "Although the resolution establishing the flag was not officially promulgated by the Secretary of Congress until Sept. 3, 1777, it seems well authenticated that the Stars and Stripes were carried at the battle of the Brandywine and thereafter, during all the battles of the Revolution. Soon after its adoption the new flag was hoisted on all the naval vessels of the United States, and the flag, floating from the mast-head of the gunboat Ranger in a French port (commanded by Capt. John Paul Jones) received on February 14, 1778, the first salute ever paid the American flag by a foreign naval vessel.

The flag of the United States remained unchanged for about eighteen years after its adoption. By this time two more States had been admitted to the Union and by official order Congress authorized two additional stripes in the flag and two more stars in the field. This form of the flag lasted from 1795 to 1818, and was the form of the nation's colors as carried in the War of 1812. During the six years following this war, five more States were admitted. It then was shown to be obviously impossible to go on adding stripes as well as stars, and so after long discussion, on April 14, 1818, Congress provided, "First, that from and after July next the flag of the United States shall be thirteen horizontal stripes, alternate red and white; that the union have twenty stars, white in a blue field. Second, that on the admission of every new State into the Union, one star be added to the union of the flag, and that such addition shall take effect the fourth of July next succeeding such admission."



SILK COLORS OF THE PRESIDENT.

The lowest central star of the President's colors represents the new star.



SILK COLORS OF THE SECRETARY OF WAR.

The return to the thirteen stripes of the 1777 flag seems to have been due to two facts, i. e., a reverence for the standard of the Revolution, and the fact that a further increase of the number of stripes would destroy the proportions of the emblem, unless the stripes were made narrower, and this would interfere with their distinctness when seen from a distance. A newspaper of the time says: "By this regulation the thirteen stripes will represent the number of States whose valor and resources originally effected American Independence, and the additional stars will mark the increase of States since the present Constitution." No act has since passed Congress, and the flag of to-day is the same as originally adopted except in the number of stars. In none of its acts, however, has the legislative body prescribed the arrangement of the stars, and this has resulted in a lack of uniformity in this matter, and flags in use by the public may be seen with the stars placed in various ways.

The recent newspaper controversy as to the historical accuracy of the fact that the first flag was made by Betsy Ross seems to have been finally settled by the following "Special" to the Washington Post from an interview with Col. John Quincy Adams, lineal descendant of Andrew Adams, cousin of the patriot Samuel Adams and of the second President of the United States, John Adams. This unimpeachable authority says: "It might as well be said that Independence Hall is not Independence Hall as to deny that the first American flag was made and designed in the Betsy Ross house from suggestions from General Washington, Robert Morris and George Ross. Now this is the story," continued Col. Adams, "and I am ready to prove every

word I say. Just before the Revolution there lived in Philadelphia a pretty Quaker girl of about twenty named Betsy Griscom. She had already become known because of her skill with her needle, besides which her beauty and accomplishments brought her many suitors. successful one, John Ross, was the son of an Episcopal clergyman from Wilmington, Del., who had opened an upholstery shop in Philadelphia. helped her husband with her needle, and when he was killed in the war she continued his business. Her husband, John Ross, was a nephew of George Ross, one of the signers of the Declaration of Independence, and when Samuel Adams, up in Boston, said this country should have a flag, as it was not seemly for patriots and red-coats to be shouting for the same flag, Washington fully agreed with him. But who should make it from the rough sketch which Washington drew? Then George Ross spoke of the widow of his cousin, and the three-Washington, Morris and Ross, went to her house. On their way they stopped for John Hancock to go with them, but they found him laid up with gout, so he could not join them. 'But,' said he, 'I have here some red, white and blue bunting which may be of use,' and the illustrious party continued its way. the suggestion of Betsy the stars were made with five points instead of six as Washington had drawn them, and as they appeared in the English flag. And so the flag was made," Col. Adams goes on, "and I have in my possession bills which show how much Betsy received for making flags, which she and her daughters and her granddaughters after her continued to do down to 1856. And how do I know Washington went to her house? because she told George Canby,

her grandson, and he told me. Betsy Ross did not die until 1836, and her story of making the flag was never doubted by her contemporaries." But to return to our own day.

Proper authority having designated where the new star was to be placed, the next point in our quest was to find out who was to do the work. Further inquiry brought out the fact that this was one of the multifarious duties of the Quartermaster's Department, who furnishes all flags required for the use of the Army (the Navy makes its own).

He of whom it was written:

"And still the wonder grew That one small head could carry all he knew," was literally "not in it" with the army quartermaster, who must not only be a judge of all sorts of things, horseflesh, shoes, roads, ships, buildings, raw materials of all kinds, and the finished products made from them, but must be familiar with all that regulations demand, as he is held to a strict accountability that all supplies accepted by him are fully up to the standards. On the other hand, Regulations leave little or nothing to the imagination! minutest detail is worked out and set forth in unmistakable language. If the use of a fabric is under consideration. the number of threads to the square inch is fixed, and the weight of a given length of material. Or if a flag of certain dimensions is to be used, it may not fly from a pole of less than a given height, and so on ad infinitum.

It was found that the use of the flags with forty-five stars will be permitted until the manufacturers can turn out those of the present standard. So much for the new supply. At garrisons and army posts the "company tailors" will rearrange the stars in the fields of the

flags in use according to the plan issued in General Orders. The State Department will attend to the supplying of all diplomatic stations with the new flags, and this will be done as rapidly as possible, beginning at the most important posts.

As before stated, the Navy manufactures all its own flags, but the number required for the use of the Army is so large that it has to have help, and contracts are let to the lowest bidders. The firms now doing the work are Copeland, of Washington, D. C., and Wm. H. Horstman, of Philadelphia. But this arrangement only applies to flags made of bunting. All the silken colors are made in the shops of the Quartermaster's Department, which employs expert women embroiderers to do the wonderfully beautiful work (alike on both sides) required for such flags. The cost of these ranges from \$94 to \$155 each. Every regiment (mounted, foot or artillery) has not only silken national colors, but its regimental colors besides. The body of these is banner silk, seamless, and of the color used to indicate the arm of the service. -i. e., blue for infantry, yellow for cavalry, red for artillery. Upon each of these is embroidered in proper colors the official coat of arms of the United States. and underneath in white silk on a red scroll is the number of the regiment.

Regulations make what seem to the uninitiated some arbitrary and bewildering distinctions. For example, the national emblem when made of bunting is called a "flag," when of silk "colors!" The silken regimental colors when borne by a regiment of cavalry are called a "standard." Silken "colors" or "standards" are carried in battle, campaign or on occasions of ceremony; bunting flags

at drills, on marches and all other occasions not otherwise mentioned.

When silken colors become for any reason unfit for use, an officer is detailed to inspect them, make a report on their condition, and a recommendation as to whether they need to be replaced by new. A request is then forwarded to the Quartermaster-General for new colors, and the condemned are carefully wrapped and numbered. Under a corresponding number is filed a history of the service seen under the old colors, and these relics which have passed their usefulness as flags take their places among the treasures of the regiments which carried them, and are an inspiration to all who see them. Who of us has not felt a clutching at the throat at the sight of a battletorn flag; and there is a case of such in the War Department which I always feel ought to be looked at only when one is on his knees!

Most interesting of all the "special" flags are those of the President and of the Secretary and Assistant Secretary of War. Regulations discriminate in describing these as in other flags. Those of bunting are called flags; of silk, colors.

The designs of the "colors" and the flags of the Secretaries are similar, the only difference being in the fabric of which they are made. The colors of the President are more elaborate than his flag. The color of the Secretary of War is scarlet silk or bunting, of his assistant, white. Both flags and colors have a white star in each corner and the coat of arms of the United States in the centre.

The President's flag is of blue bunting,

with the national escutcheon in the middle. His colors are made of the finest scarlet silk, known to the trade as "European Classical," and measures 6 feet 6 inches by 4 feet. It is trimmed on three sides with alternate bands of gold and silver plated fringe (four strands of each in the band) hand knotted and three inches wide. A five-pointed white star adorns each corner and in the centre is a large five-pointed star. Within this is a smaller parallel star separated from the outer star by a white band. The inner star forms a blue field upon which the national coat of arms is embroidered in proper colors. In the re-entering angles of the large star (on the scarlet ground) are evenly scattered white stars, one for each State. The pole from which this flies is decorated with a golden ball on which is perched a golden eagle with outspread wings, who bears in his beak a red, white and blue silken cord 8 feet 6 inches long and finished with tassels on each end.

Up to the present time it has not been the custom for the President in the White House to regard his flag as a piece of personal property, but I am informed that a perfect specimen "colors" has just been completed, with the new star in place, and presented to President Roosevelt and which he will take with him from the White House as an heirloom for his children and his children's children, a precious possession and a perpetual reminder of his wonderful administration, and more than all of this glorious specimen of the Creator's noblest work—an honest man.

### Training Nurses for Institutional Work\*

CHARLOTTE A. AIKENS.

A COUPLE of years ago, while still in hospital work, I had occasion to write to two large prominent maternity hospitals for a head nurse for the maternity department of the hospital of which I had charge. Both of these hospitals receive nurses from several large hospitals for special training in that branch. Both hospitals reported that they knew of no available nurses whom they could recommend for the position of head nurse of a maternity department. One superintendent stated that she was at that time trying to find a good head nurse for one of her own wards. added the remark that "good head nurses are hard to find." Many others have made the same remark. I have had similar experience in securing a good head nurse for an operating room or for a section of the hospital, and I know that my experience is not exceptional. There are plenty who want executive positions. and yet, I believe it is true that good head nurses are hard to find.

Why are they so hard to find? We certainly have a great deal of excellent material in our schools. Why don't we develop it into good institutional nurses? The simple reason is that thus far we have made no general, systematic, businesslike effort to train nurses for such work; or for executive positions of any kind. We have been loathe to admit even that they needed any training. We have extended the training period from two to three or three and a half years. We have made an attempt at grading the studies. We have added some useful

and some useless branches and stretched out others till one wonders where the stopping place will be or how much the pupil nurse will be expected to accomplish ten years hence. We have multiplied the number of medical lecturers until we have in some schools more teachers than pupils, but with all our efforts, we have largely neglected to train nurses especially to meet our own needs as executives in hospitals. At the same time, we look around and complain that "good head nurses are hard to find." We have spread the nursing course out but we have concentrated our attention almost entirely on fitting nurses for bedside work. It is true, some schools do advertise and attempt some training in institutional work. I confess to having done that much myself when I was training nurses, but there are few, if any, schools that, as yet, have planned a systematic comprehensive course on institutional work and carried it through. We perhaps sandwich in a few lectures on institutional work here and there among other nursing studies; we perhaps permit some of the pupil nurses to act as nurse in charge of a ward, but we have not yet taken hold of the matter as though we really meant business, or as though we felt any special responsibility to give good training in that line.

The great majority of schools giving post-graduate training have done precisely the same thing—concentrated their attention almost entirely on diseases and fitting nurses to deal with them.' One New York school now announces that in-

<sup>\*</sup>Read at the seventh semi-annual meeting of the New England Association for the Education of Nurses. Contributed to The Trained Nurse.

struction will be given in the management of small hospitals which is an encouraging sign of a growing appreciation of the needs.

But the problem of managing a section of a large hospital as head nurse, and getting along with the help of all the varied factors concerned in a large hospital, are quite different from the management of a small hospital where one has to be ready to efficiently act in a dozen different capacities. The head nurse perhaps gets a certain amount of experience, but does she get the real thorough training in institutional government that she needs if she is to be able to realize her own place in the general situation and fill it well even as head nurse. It is true that we learn to do by doing-that is, we learn a certain amount. Many a nurse has learned to go around mechanically in a rut in the hospital in which she was trained, and has seemed to be a success, but when taken out of that familiar environment and put in a different city, in a different institution with different arrangements, she has made an utter failure. knew how they did things in one hospital. She did not know the underlying principles of sound institutional government, nor how to adapt herself to different people, rules and conditions. She had no broad foundation principles back of her work to help to steer and steady her in a different environment. For this reason a great many, probably most, hospitals prefer to choose their head nurses from among their own graduates. There are some advantages and some disadvantages in doing this. The infusion of new methods and ideas is worth a good deal if it can be gained without too great loss in other ways, for there is no one institution whose way of doing everything is the best known way, no hospital but has yet something to learn from others.

I am sure that it would be of distinct benefit both to nurse and hospital if the graduates of a school were considered ineligible for head nurse positions until at least six months had been spent in some other institution. A nurse would then return to her Alma Mater a better balanced, broader woman, rid of much petty conceit regarding her own training, with a diversity of methods, a more tolerant spirit—in every way better fitted for leadership in her own particular sphere.

In no line is more trouble experienced than where institutional ethics are concerned. We have been accustomed in the past to place a great deal of stress on hospital etiquette and very little on hospital ethics. The head nurse is in a position where she is all the time teaching by her example.

Next to experience the best of all instructors in a hospital is a good example If the head nurse constantly disregards institutional rules; if she is found in a patient's room at ten or eleven o'clock at night when she is supposed to be off duty; if she is given to criticizing the methods of physicians; if she indulges in backbiting of other head nurses; if she is out till midnight three or four nights in the week; if she winks at violations of rules in pupils; if she discusses the failings of the general management in the presence of pupils, how can we expect to instil into them respect for authority; how can we successfully urge on them the necessity of habits of reticence: how can we expect to maintain proper discipline in the hospital and home? Every one of these defects in head nurses along ethical lines, and many others more or less serious, are being

brought to my attention by hospital superintendents and managers. It is seldom I hear that a head nurse was deficient along technical lines, that she did not know how to nurse or to assist the physician, but I very frequently hear that she did not clearly recognize the difference between the position of head nurse and superintendent, that she resented any attempt of the superintendent of the school to modify plans which she had made, and that she was-often inclined to resent the superintendent's suggestions and consider them as interference in her department-in short, she did not know her place. For these failings the hospitals must bear at least some share of the blame, in that they have frittered away time on nonessentials and 'utterly superfluous matters, and left untouched or lightly treated this great subject of ethics as it relates to head nurses—a subject that is of vital importance to the harmony and general well-being of every institution. If half as much emphasis were placed on teaching nurses respect for duly constituted authority in institutions as is now placed on teaching loyalty to physicians, it would be a good thing both for nurses and hospitals.

I have wished many times that the men superintendents of our hospitals could be induced to give out more freely to our nurses in training of the broad and thorough knowledge regarding institutional management which they have been accumulating for the last ten, twenty or thirty years. I know such men are busy men, but we expect busy staff physicians to be self-sacrificing enough to give of their time to lecture to the nurses on medical subjects. Haven't we as much right to expect the busy medical or lay superintendent to adjust his duties

so that he can give some time to lecture on institutional subjects? Here and there in hospitals some such lectures have been arranged and given, but I believe it is the exception rather than the rule. One medical superintendent told me that in two or three years he expected to give some time to his training school. I have never vet met a man who said that in two or three years he expected to give some attention to other departments of the hospital. Why should he single out the nursing department for his neglect? He will probably tell you, if you ask him, that he has a very efficient superintendent or principal in his training school That is a cause for thankfulness, but it certainly is no reason why the nurses should be deprived of the benefit of his accumulated wisdom and experience with all phases of institutional work. need both masculine and feminine common sense and ability applied to our present training school problems.

A few months ago I was a guest for a few days at a co-educational college There were in readiness about a hundred young women. As I was particularly interested in their domestic science department the principal explained pretty thoroughly their methods. In the cooking department, after each practical lesson, each girl was required to estimate the cost of the supplies she had used and hand an itemized account to the teacher. They had been making sponge cake that day, and on the account slips I found the cost of the eggs, milk, flour, sugar, but ter-every ingredient reckoned down to a small fraction of a cent. The teacher told me this was required, however small or simple or cheap the thing was they were cooking. They must learn to count the cost and compare the expense of different foods. I wished very much then,

and I wish it still, that all our hospital head nurses might have some instruction in counting the cost of the various supplies in daily use. Why should not those in charge of our wards be able to estimate the cost of the supply of gauze or cotton or bandages used in a ward in a day or a week? Why should not the operating room nurse be taught how to estimate the cost of the supplies of all kinds used during one or several operations? Why should this not be a part of the pupil's training in that department? Why should not head nurses everywhere be taught to estimate the value of burnt catheters and colon tubes. of slaughtered medicine glasses and thermometers, of abused rubber goods and misused appliances? I am fully convinced that it would be a good thing for a nurse as well as for a hospital, and that the interests of the sick would not suffer in the least, if we, perhaps, spent a little less time on teaching anatomy and pathology and a little more on this kind of instruction. I was very much impressed a few years ago by a statement made in Charities of what had been accomplished in Bellevue Hospital in reducing the consumption of gauze in one ward. When attention was directed to the matter it was seen that 2,100 yards of gauze had been used in that ward in the previous week. By careful management it was reduced the following week to 1.100 vards, and the week after only 610 yards were used, although the service was just as active and the patients in every way as well cared for as before. One-third the amount of gauze used was evidently sufficient. The head nurse alone could not accomplish such a saving, but I know that if head nurses were instructed and fully impressed with the necessity of keeping account of the

items, and counting the cost of supplies, a very material saving could be effected in the average hospital. They, not the superintendent, are on the spot where the supplies are being constantly handled. They are in the best possible position to prevent waste.

I have wished, too, that a few classes, perhaps not over two or three, in simple business methods, banking, and such matters, might be held for all institutional nurses, for try as we may we cannot disassociate business methods from institutional work. We can ignore them in one department, but the neglect is bound to crop out in another and make itself unpleasantly felt. No nurse knows when she is going to find herself in need of such knowledge, and comparatively few girls seem to have had it before they enter a hospital. Nurses who have never managed the business even of the smallest home find themselves thrust into positions where they are expected to be the business manager of a good-sized institution. They have to conduct routine business from day to day, to make quick decisions, to represent the institution to the trades people, and to the public in general. This business ability, it seems, is expected to blossom out in the nurse, somewhere on the route between the training school and the hospital she is to manage. Certainly, even years as head nurse in a hospital ward would not, and do not, prepare her for business management. As a head nurse she uses the supplies purchased by others with little or no thought of where they were purchased, how or when they came to be on hand, or what they cost. I have known a good many otherwise capable nurses who did not even know how to make out a check. Some nurses seem to have a well developed commercial instinct. Others are weak at that point, but strong in other ways; but it does seem as if a few hours spent in making clear the common business principles and methods that every nurse who does institutional work, or deals with a board ought to be familiar with, would be time better spent than in many lectures scheduled for nurses this past year.

The announcement was made a few months ago of an advance step that had been taken in regard to the course on Hospital Economics now being given at Teachers' College, New York, The advance step was this: Two students of the senior class are permitted to go three mornings in the week to St. Luke's Hospital to assist in the general kitchen, the linen room and the laundry to become familiar with the working of those departments. There is no question this is an advance step, and I am glad it has been taken, but as I read about it this thought—not a new one by any means came over me with irresistible force. Is there any reason under heaven, except our own stupidity or prejudice, why a nurse who spends three years in a hospital should have to afterwards enter a college in order to gain access to a hospital kitchen to see how it was managed? Is there any good reason why she might not have the privilege of assisting in the hospital linen room and the laundry for a few weeks during her training? Could she not learn the valuable practical lessons she needs in a more natural and less expensive and less roundabout way than by the route of any college? Could she not learn something about how to manage a hospital kitchen quite as well in the hospital in which she trained as in St. Luke's? It looks to me a good deal like sailing down around by Cape Horn to get from Boston to London. Every one knows that a nurse who goes to take charge of a hospital, however small, needs to know something about hospital kitchens. She needs to understand the purchase and distribution of food supplies. Every one knows she has to know how to get the hospital laundry work done somehow, but, as a rule, we religiously avoid letting her gain the slightest insight into these departments, while we arrange for class after class to be spent in a pathological or chemical laboratory; we insist that she must be able to say her bones and nerves and muscles, most of which she promptly forgets; we crowd a lot of other non-essentials upon her and utterly ignore this practical training for institutional work. Yet we complain that good institutional nurses are hard to find.

Is there any reason why nurses in training should not be taught how to purchase institutional supplies? If a nurse needs a great deal of knowledge of embryology and anatomy and other medical subjects there are books by the hundred which she can borrow which will answer practically any question on such subjects a nurse will ever have to face, but where can the average nurse get the teaching she needs along the lines I have mentioned? Where ought she to be expected to get such training, if not in a hospital? I had taken a post-graduate course and studied in every way to fit myself for efficient work in a hospital or out of it, but I very well remember the embarrassment I felt when it came to making out orders for supplies to stock the little new hospital to which I was appointed shortly after my graduation.

I knew how to nurse the sick. I felt confident of that, but that fact did not help me to meet a great many perplexing questions I had to deal with every day. My ignorance regarding roasts, boils and stews and the quantities to provide, of how to deal with servants and such matters was far more distressing than any question that came to me in the wards. The agents for surgical supplies and drugs helped me out and taught me a great deal relating to those lines in those first few months, but is it fair that any nurse, after giving of her best and meeting all the requirements of two hospitals, working to the limit of her strength for them, should go out so totally unprepared for these larger responsibilities she will immediately have to meet, or be forced to learn such important lessons from an agent, or pick them up anywhere she can?

I believe that there is no place in the world where a nurse can learn such lessons better or in a more natural way than in a well-organized hospital, and I hope the day is not far distant when a hospital announcement will set forth just as definitely what it proposes to teach along these lines as it now sets out the schedule for the lecture course on nursing proper. The time ought soon to be passed when a nurse's success or failure as a hospital superintendent will depend solely, or mainly, on her own native ability, her womanly intuitions as to how things should be done and the thoroughness of the domestic training she received from her mother.

(To be continued.)



SILK COLORS OF ASSISTANT SECRETARY OF WAR.

# The Aurse's Work in the Admitting Office

A REGISTERED NURSE.

F the many articles which have been written on the various departments of a large hospital there is one of which little has been heard, and that is the reception, or admitting, office. Where could one find a better field for the exercise of all the attributes with which nurses are expected to be endowed? Patience, sympathy, cheerfulness, charity in the broadest sense of the word, and, last of all, a sense of humor to help one through some of the days when the tragedy of it all seems overwhelming.

Take, for example, the office at Bellevue Hospital, where admissions range from 90 to 120 daily; add to that the numbers who come in for advice, those referred to other city hospitals, others who come with friends-making in all a sum total of possibly 250 people daily. To attempt a description of even one day's experience is a difficult task. day long the office is occupied-sometimes by all three kinds of patients, viz., those able to walk, others on stretchers, and still others in the wheel chair, or, as it is commonly called, the "Go-Cart." Policemen are frequently in evidence, either with a candidate for the prison ward, where the prisoners are cared for until able to appear in court; at other times with patients who are belligerent or to be admited to the psycopathic ward, or, saddest of all, with a little mite of humanity deserted by those to whom it had been given to care for. These latter charges are brought to the hospital in ages ranging from a few hours to several months—in most cases, of course, the age is a matter of conjecture. The

pathos of the incident is frequently somewhat obscured by the very evident embarassment of the policeman to whom the baby has been intrusted, and who comes in with a desperate expression on . his face, which changes to one of great relief and joy as his burden is taken from him. It seems as though the officers selected for this duty were always the youngest, consequently the most inexperienced, and therefore sensitive regarding this particular kind of work. One who brought in a baby about two days old was much disturbed when he saw it placed on a pillow on one of the examining tables while the necessary papers were being made out. He stopped at the desk on his way out and disclaimed all further responsibility coincident with any harm coming to the baby should it "turn over and so roll off the table." He was much surprised and somewhat incredulous when told that babies of two days old did not usually turn over of their own accord, and, therefore, it was not at all likely to come to harm. Another baby was brought in, and after the officer had given it to the nurse he suddenly dashed back to the patrol wagon in which he had come, saying, as he rushed out, "I forgot something." He returned with the baby's bottle, and after handing it over went forth again with a look of satisfaction hard to describe and of one having rendered a valuable service.

Considerable space might be given to describing another class of patients accompanied by officers—the alcoholic patients in all stages, from the man, or, alas! the woman, desirous of placing themselves beyond the reach of further temptation until the crisis has passed, for the time being, at least, to the one who is temporarily oblivious to all things, whose one desire seems to be to sleep, and who persistently refuses, or is unable, to tell his name or anything about himself, and only opens his eyes long enough to gaze at you amiably or without any expression, and is finally admitted with the very terse history of "Unknown Man" unless the officer has found some one who knows him.

From these two extremes we go on to a few of the others who pass through the office, truly a case of "All sorts and conditions of men," the foreign element, who rarely come unattended. The Italian, as a rule, usually accompanied by not less than three and seldom more than six friends, all of whom wish to go with the patient to the ward to which he is assigned. This not being possible, and having been explained to them by the interpreter, they content themselves by adjourning to the roadway outside and gazing mournfully up at the building, but they finally go away, cheered by the knowledge that they may come every day to visit the hospital.

Intermingled with the sadness of it all comes the lighter side when one must be amused if only for a moment. We recall the woman who came because her "heart had stopped beating three days ago" and who wanted the doctor's advice, also demanding that her temperature be taken, the latter treatment seemingly to insure a continuance of her heart action. She departed, quite satisfied, when assured that the organ was doing its work as usual. Then, there was the man who disclaimed any religious belief, but finally compromised, and in a patron-

izing tone, with an evident desire to be thought accommodating, told the History Clerk that she might put him down as an "Episcolopian" if she wanted to, evidently under the impression that he was thereby not committing himself to anything in particular. And so on all day they come and go. Policemen with their charges, parents bringing in their children and vice versa. Some very loath to take the doctor's advice and leave them, and others most anxious to do so. Urgent cases brought in by the ambulance and hurried to the wards-one might go on indefinitely describing the different classes and then feel that the ground had been inadequately covered. The nurse assigned to duty in the Admitting Office cannot help but realize the possibilities it offers to be of service other than that which is purely professional, and also her own helplessness to cope with any but a small part of the work of relief, hoping only that she may have been able to help one here and there, if only by a little kindly encouragement. It lies with her to reassure the relatives or friends, and, if possible, send them away feeling that the patient has been left in good hands. This, we all know, is not always an easy matter. Sometimes a little inquiry elicits the fact that the family of the patient are in dire straits, the promise given that some one, either a society or an individual, will assist them during his or her stay in the hospital will, many times, send the patient to the ward in a greatly relieved frame of mind.

At Bellevue, where there has been a Welfare Office established, it has simplified and expedited matters considerably to have some one right on the ground to whom all patients needing help, either for themselves or families, may be referred.

The nurse in charge of this work is notified when help is needed and no time is lost in affording assistance, either through the office itself or the many societies with which it is in touch.

Indeed, the possibilities are many, but hampered by the stress of work, it is difficult and many times impossible to do all one would like. Medical research, benevolent societies of all kinds, and every method of helping the sick and poor are most commendable, but as a valuable adjunct let us hope that the time is at hand when a sufficient working force in all of our large hospitals may insure more attention being given to the needs of each individual from the time they enter the Admitting Office until their discharge.

# My Opinions on the Aurse's Food Question

AN EX-HOSPITAL MATRON.

HAVE been asked my opinion as to the necessity or advisability from a health standpoint of serving meat three times a day to nurses, and of food and food service in hospitals in general. For a good many years it was part of my work to plan the meals for nurses, and I do not believe any individual in the hospital could ever honestly complain of under-feeding or poor food, either as to quality or manner of serving. I have always made a special point of keeping meals hot for nurses who were unavoidably detained when the regular meal was served, and have always made provision for a comfortable meal for night nurses. I do not say that all meals have always been just as I would like to have them, for I have had a good many different cooks, and have had to train every one of them. If we could devise some means of training cooks who would know their business when they came to the hospital, matrons would have easier times, and I

am sure a good deal of money could be saved with better food results.

I have never made a practice of serving meat to nurses more than twice a day, except during the regime of one lady superintendent, who was herself very fond of meat and insisted on it three times a day. Our meat bills were enormous for the size of the hospital during her term of office, and I came in for a share of the blame. But with a change of superintendents I asked permission to cut down the serving of meat to nurses and help to twice a day, and was glad to find that the new superintendent -approved. Our board commented with a great deal of pleasure in the substantial reduction we were able to make in the monthly bills for meat, and everybody seemed just as well satisfied as before. I did not hear one complaint because of the change. I have always made a practice of serving at least one substantial hot dish at the nurses'

supper, which we usually had between five and six o'clock. I was quite pleased to see in a recent number of the Ladies Home Journal, that Mrs. S. T. Rorer, the noted Philadelphia expert on food, recommended several of the dishes which I have commonly used at supper as substitutes for meat. When I had plenty of milk on hand I served tomato soup and baked potatoes. Scalloped corn was a favorite dish with a great many of the nurses. Some nurses were very fond of baked beans, and others did not seem to care for them, so when I served baked beans I usually had a smaller quantity of some special hot dish of some kind, often some creamed vegetable left over from dinner.

Macaroni with tomatoes and cheese was another supper dish that we often had; I did not know just what its nutritive value was, but I notice that Mrs. Rorer says it "has far greater musclemaking value than the same quantity of meat." At the prices of meat for the last few years, it is surely a much more economical dish, and when properly made is relished by most nurses with an ordinary appetite.

Corn fritters and rice fritters were two things which rarely failed to please, though, as I said, I could usually contrive to serve something for the few who had any special aversion to any of these Baked rice, potato puree and scalloped potatoes came around in turn, also salsify and egg plant. Cottage cheese was another dish which most of our nurses were glad to see, and I was pleased to notice that Mrs. Rorer, in the article referred to, states that the sweet or sour home-made cottage cheese is a very good substitute for meat, so far as nutritive value is concerned, and that when it is used to "supplement such starchy foods as white bread, potato, rice, macaroni, hominy and hominy grits," the result is a well balanced meal.

I have used a variety of salads that do not take too much trouble to make—used them mostly for supper, for our dinners were always sufficiently generous without them, and the suppers were the greatest problem. With some of these salads I used peanuts quite freely in making them. Analysts tell us that peanuts contain 5 per cent. more tissuebuilding material than lean beef of the same weight, so that when used to supplement some hot dish consisting largely of starch, I still felt I was giving a pretty well balanced meal.

In the fall of course we had fresh corn, and fresh baked tomatoes quite often, and with cottage cheese added to the usual substantials we had what I considered a wholesome meal.

I do not pretend to be a food expert, but I have read and studied everything I could get hold of that bore on my particular work, and I have tried to study economy and at the same time give the nurses and help substantial, well-balanced meals, and to keep the tables and the serving up to a fair standard. I might add that when I have read so many complaints from nurses about poor food and careless serving I have wondered if the nurses who write such articles have always been careful to observe ordinary good manners at the table; and if they have paid any attention to the appearance of the table linen, or have always tried to keep it neat. I believe every one of the nurses I have had to deal with regarded me as a friend, but I do say that in an orphanage which I had charge of previous to going into hospital work, the children of eight to ten years of age were better behaved and exhibited more restraint in the matter of table manners; they were more careful about not soiling the table covers, and in a dozen other ways than a good many of the nurses I have had to deal with. The nurses knew better, but some of them were very careless and thoughtless. I have known on more than one occasion when a supervisor was not at a meal that nurses have thrown food at each other's heads across the table, and I could tell, if I would, of a great many improprieties of this sort. I know that on several occasions the superintendent has had to undertake the very delicate task of speaking privately to nurses about breaches of table manners which any observant girl of fifteen ought to have corrected in herself, even if they were permitted at home. These breaches occurred in girls with good education, girls who had been prominent in church and the social life of the place they came from. I often wonder if girls of this class are writing the complaints about inferior table service in hospitals. There are always two sides to every question, and the other side of the nurse's food question, the hospital side, has yet to be stated.

But to return to the question of meat, I wish to quote in closing one other item from Mrs. Rorer's article, which I firmly believe. She says: "It is difficult to impress upon the average man that meat is an expensive luxury, not a necessity. We are always in a hurry—we yield easily to the demands of appetite. Indeed, we are frequently such slaves to it that we cannot enjoy the remaining part of the meal unless there is a huge dish of meat in sight. 'What the appetite craves,' says some one, 'the system really needs.' We try to believe this to

satisfy our own illogical tendencies, but no greater mistake was ever made."

It has been stated by some nurses, who have written on the question of feeding nurses, that the first place a hospital tries to exercise economy is on the nurses' table. This I cannot believe is true, though some people might think I was writing in the interests of economy at that point. I have had a very good chance to observe, and I know the nurses were just as well off in every particular when we served meat only twice a day, and not always that, as when we served it three times, and to me the necessity for meat the third time was never clear when I gave them something instead that was appetitizing, had the same food value and cost much less. I have always been employed in hospitals where a hundred dollars more or less in the bills at the end of the month was an item of a good deal of importance where money did not roll in in large amounts, and every item of expense was important enough to be scanned and studied. We treated our nurses well, but we did try to be sensibly economical. We made a practice of sending the Sunday breakfast over to the nurses' home, so that those who were off duty in the morning could sleep as late as they pleased, and still not miss their breakfasts. I believe I can truly say that while I was matron no nurse started on a railway journey of more than a few hours' duration without an appetizing substantial lunch being prepared for her. I did this as faithfully as I would do it for my own people, and without being asked to do so, but when I had any choice in the matter I never served meat three times a day.

# Obstetrical Aursing in Private Practice

PAPER III.

### Care of Baby

ANNIE E. HUTCHISON.

IN the midst of the attentions always required by mother after birth of child the nurse must not forget that baby should be examined occasionally for signs of hæmorrhage from cord. fore cord is dressed examine ligature to make sure that it is properly tied and if you have any doubt apply another ligature. Even though ligature may appear to be all right, and though there may be no signs of bleeding for the first hour or two, and though you may have taken care of forty babies and never have seen any sign of hæmorrhage do not therefore be assured that there is really no danger. Be prepared for the possibility of it. Hæmorrhage from cord is of two kinds, primary and secondary. Primary hæmorrhage is generally the result of a badly tied ligature and in such cases the remedy is to re-tie it. Secondary hæmorrhage is more serious, being harder to control. It may be due to ulceration of cord or suppuration resulting from septic infection. Navel is a frequent site for septic infection and cord should be kept very clean until it falls off. case of secondary hæmorrhage send at once for doctor and in meantime apply a firm compress of cotton or make pressure with the fingers. If medical aid cannot be secured and the infant seems in danger of soon bleeding to death the hæmorrhage can very likely be controlled by passing a needle through the skin on either side of the umbilicus and then winding a strong thread from side to side round the ends of the needle in the

form of a figure eight thus drawing edges firmly together after which apply compress and bandage. It is surprising the amount of blood a baby can lose and still live and should an emergency of this kind occur do not be discouraged. The writer will always bear in mind the shock of discovering a seven hours old baby, the child of a near relative, lying literally in a pool of blood. In this case the cord had been tied and apparently well tied by the doctor; there had been no signs of hæmorrhage at first, nor for at least four and a half hours after birth. and the ligature had not slipped off. When discovered the babe was pale, cold, limp, apparently very near death; and the blood soaked clothes and clots of blood that removal of blanket revealed. made it almost seem impossible that child could rally. There was no medical assistance at hand. The baby was quickly undressed, cord was re-tied nearer to umbilicus and dressed as before with boracic powder and gauze, a firm compress being placed over dressing and then the flannel band applied. Baby was then wrapped up in hot flannels and fed brandy and water (only a few drops of brandy, altogether), every fifteen minutes until it showed signs of reviving. For a week it was not bathed except with warm oil, and it was dressed only in woolen shirt and napkin, being kept wrapped in flannels and near hot water bag. The baby rallied with astonishing rapidity, soon became able to cry and nurse (within seven hours, but first cry was very faint), and ere long was rosy, plump and vigorous. Besides regular nursing this baby was given a little drink of warm water frequently, it being presumed that it would suffer more from thirst than other babies. It was not a big, strong baby at birth, but a little, rather thin baby.

Sometimes it is not advisable to wash and dress a new-born baby for some considerable time after birth, but as a rule it may be done at the nurse's earliest convenience, after the mother has been made comfortable. A premature baby, or a thin, frail one, ought not to be washed with water at first; it should simply be cleansed with warm oil, wiped off with absorbent cotton or soft rags, the oil bath being gentle and expeditious and given in a very warm room, and the baby's eyes and mouth being attended to in the usual way. Sometimes before beginning bath the new baby should be well oiled all over head and body with warm sweet oil. Sterile vaseline may be used instead of the oil, and pure lard is also recommended by some. Before commencing bath be sure that you have within convenient reach everything you may require. Choose some room with a temperature no lower than 70 F., and observe every precaution to avoid chilling the infant. Temperature of water should be about 98 or 100 F., preferably the latter, as baby is not to be immersed. While keeping baby wrapped in blanket, carefully wash mouth and eyes with weak boracic solution (warm), or with warm sterile water, using small squares of sterile gauze or old linen previously prepared for the purpose, or small tufts of sterile absorbent cotton, always using a separate piece or two for each eye, as well as separate piece for mouth, and casting aside the used pieces into a paper which can easily be gathered up and

burned afterward. Then wash and dry face, then head, and then body, using one washcloth for face and head, and another for body, also using a little pure soap for head and body, and always both in washing and drying, being careful not to rub very much, as baby's skin is very tender. Do not worry if all the vernix caseosa does not come off with the first bath. Examine baby to see if anus and urethra are open; a plug of vernix sometimes obstructs the urethra, and if not removed will cause retention of urine. After baby has been carefully dried with warm soft towel it should be freely powdered with talcum in all the tiny creases around neck, under arms, in groins, under knees and inside elbows. If a nurse finds no special powder provided, cornstarch will likely be available, and this, in the absence of a better, serves the purpose. The cord should be dressed according to preference of doctor if he expresses any; if not, a most satisfactory way is to powder well with borax (or plain talcum may be used instead), and either wrap in absorbent cotton, gauze or old linen, or, as the writer prefers, pass cord through hole cut in square of several thicknesses of gauze or old linen, folding material over on both sides and placing a thin, rather broad compress over dressing, afterward applying the flannel band. which should be put on very smoothly, fairly firm, but not too tightly. The flannel strip should be long enough to be double over abdomen, and should be fastened at side with stitches. Allow baby to lie flat in lap and turn and move it as little as possible while dressing. It is a good idea to place pieces of soft, old muslin inside baby's diapers for the first few days, as the meconium is very adhesive and not easily removed from diapers, and the old muslin can be burned as soon as soiled. While the nurse must accept for baby the clothes provided, her opinion or advice is often asked in regard to them. They should be soft in texture. simply made, easily adjusted-to fasten with tapes is a good way, loose enough around body to place no restraint upon infant, and loose enough everywhere to allow free movements of child's limbs. and warm. The general rule is not to give the baby a tub bath until cord drops off, and is well healed, but the ordinary healthy baby may be given a sponge bath every day, at a regular hour in the forenoon if possible. Do not give bath for at least an hour after nursing; before a nursing hour is a good time, as baby will not then need to be awakened later on. When tub bath is given, head and face should be washed and dried and body soaped before baby is put into water, and care should be taken not to lower it too abruptly into the water. Support its body with hand while in bath; allow it to remain in water only a few seconds, and lift it out into a warm towel. Watch that baby does not get blue fingers or blue skin during bath. Give bath as quickly as is consistent with gentle handling of infant. Be careful to avoid exposing baby's eyes to strong light; wash regularly with warm boracic water and see that matter does not gather in them. The mouth should be washed out after each nursing, a weak solution of boracic acid or borax being used, or, if a nurse hapens to be where she has none of these, a weak solution of bicarbonate of soda may be employed. Baby's nose must also be looked after, for if allowed to become plugged up child will have trouble in breathing, also in nursing. A good way is to clean it gently with a tiny tuft of absorbent cotton wound over the end of a toothpick. Baby should be kept

in a warm place, preferably away from mother except at times of nursing, as both will rest better under this arrangement. When no special place has been provided, a very satisfactory bed for a young baby is an oblong clothes basket, not too deep, with a pillow or two for mattress and a blanket over pillow. While all babies need warmth, some require less than others. A delicate little baby requires more warmth than a big, vigorous infant. When baby's head becomes covered with perspiration it is too warm. The feet, particularly, need to be kept warm.

The baby need not be wakened to feed during the first week-some authorities insist that it should never be wakened for this-after which it may gradually be brought into regular habits. As regards hours of feeding a good deal I-think depends upon the baby. Babies differ as adults do, some taking less at a time and requiring more frequent feeding than others. To adopt a system and subject all babies indiscriminately to it is surely a mistake. Some babies take beautifully to the two-hour system, and thrive splendidly under it, while others would undoubtedly do far better if fed less often. A young baby is not generally sick when it regurgitates its food; it has taken too much, or has been getting it too fast. When a baby is always vomiting or has undigested milk in stools, it is getting more than it can digest, and to feed it every three hours during day instead of every two will be the better method—the reference is to nursing babies where the quality of nourishment is not likely to be at fault, as may be the case with bottle babies. For the mother's sake more than your own make a conscientious effort to have baby acquire regular habits of feeding and sleeping. This is not always as

easy as it sounds when we hear others tell about it, for sometimes a baby will not wake up at the regular hour, or, on the other hand, it may be awake an hour before the time and crying lustily apparently from sheer hunger, it having probably insisted upon going to sleep after having nursed only a few minutes. Of course, a baby is not always hungry when it cries: it is often just the result of an already overloaded stomach; but this does not alter the fact that the nurse will frequently have some difficulty in convincing those interested in the baby that it really isn't being starved to death whenever it cries and is not permitted to nurse. The majority of parents, educated and uneducated, seem remarkably alike in this respect, but the tactful nurse will be able to inspire confidence in her management of baby, especially if she understands her little charge and its needs well enough to have confidence in herself. Sometimes when baby cries, a little drink of cool water will quiet him. All babies should be given a little water occasionally. The first secretion in the mother's breasts, the colostrum, is the natural purgative for a baby, and the infant may generally be put to the breast within a few hours of its birth provided the mother is not too much exhausted. Some babies require nothing, or only a little water until milk is secreted, while other hungry infants must be fed. Cream diluted with warm sterile water is a favored food for young babies, but there is a wide difference of opinion as to the relative proportions to be used. Some doctors order I part cream to 8 or even 16 of water, while others desire less water. Personally, unless there have been special instructions that a nurse is to go by, I think that the proportion of

cream should be very small at the start and increased if necessary. Should the baby for any reason not be able to nurse, cow's milk is the usual substitute, and, if it can be obtained pure and of good quality, probably the best, although it does not prove a success in every case. It must always be modified, diluted with water and sweetened with sugar of milk, or otherwise changed, to suit the requirements of a young baby, but in a case where the baby is to be bottle fed the doctor should take the responsibility of advising as to food, and will furnish the formulae he approves.

Sometimes young babies suffer from mastitis or inflammation of breasts, the breasts in such cases containing a fluid and being swollen and very tender. The condition usually passes off without treatment; but the nurse should be very careful to see that the clothing does not irritate the parts and to avoid this it may be advisable to protect with a soft pad of absorbent cotton. Hot applications have sometimes to be resorted to, but in cases where a doctor's advice was available, he would of course direct the treatment.

Wet napkins should not be allowed to remain on baby, nor should they be used again without first having been washed. Wet napkins should not be hung up to dry in patient's room.

A nurse is often asked when the baby may be taken outdoors. It depends a good deal upon the weather. In fine summer weather the baby may be taken out when only a week old, although a month seems to be the average rule. If atmosphere is damp, if the day is windy, if it is very cold or very hot, it would not be advisable to take a young baby out.

# A Jew Suggestions in the Care of Neurasthenics

VERSON M. BOOTHBY, R. N., Woodmont, Conn.

OF all the cases a nurse is called upon to care for the neurasthenic is one of the most difficult to manage. He or she may be exceptionally good in other branches of professional work, vet make a complete failure in this special line. There is an increasing demand for nurses who can successfully handle nervous cases. Some one has said "Nurses are born, not made," and to a certain extent this is true. To care for a person suffering from nervous prostration self control plays an important part and sometimes the nerves of the nurse will get the better of him, especially if his nervous energy is somewhat limited. this event the best thing to do is not to accept calls to cases of this kind. If the nurse's personality is not as strong as that of the patient he will get into trouble at once. Do your best to like your patients, and make up your mind before you see them you are going to like them, and do all you can to command their They are a hypersensitive class and often say things that are not agreeable and that they do not mean, but all nurses expect to make personal sacrifices and with neurasthenics these sacrifices are perhaps greater than we sometimes feel like making.

To do justice to your patients you must take good care of yourself; insist on having the proper amount of exercise in the open air and a goodly amount of sleep each day. Most all physicians will make these suggestions to the friends of the patient and see that they are complied with.

The best of manners should always be

exercised, for nervous people are sometimes over-refined and are very exacting about their duties and personal appearance

Do not be too familiar with your patients; if you do, sometimes they will act as if they owned you and will treat you accordingly. One author has well said, "Familiarity will surely kill that finer sense of respect and estimation that should exist between patient and nurse." Sympathy is a good thing in the right place and appeals to us all, but great care should be exercised in this regard with nervous patients, for they crave it at all times, and one of the hardest things which the physician and nurse has to combat is the influence of over-sympathetic relatives and friends.

We cannot always rely on the patient to give a true account of his condition, for everything pertaining to his symptoms seems so much worse than they really are. They hate to be honest with themselves and sometimes seriously object to the treatment advised.

The treatment of the neurasthenic rests entirely with the physician in charge, and while he may not be a Mitchell or a Charcot, he has a right to his own opinion and it is the duty of the nurse, as a subordinate, to follow the instructions whether they coincide with his views or not. Every case is a law unto itself and what may benefit one may be a detriment to another.

Dr. S. Weir Mitchell and other celebrated neurologists have very forcibly demonstrated the value of isolating the patient from relatives and friends during treatment, preferably at a sanatorium. Hydrotherapy in some form has been used in the treatment of nervous diseases for many years and Dr. Wilhelm Winternitz has done more than any other one physician to put this method upon a scientific basis. I have cared for some cases where baths of various temperatures and pressures were found of great value and I believe in the future it will be used more and more as a therapeutic agent. The nurse is a very important factor when hydrotheraphy is prescribed and he should familiarize himself with the method of giving cold packs, sponge, sheet and drip sheet baths, half baths. etc.

The symptoms of neurasthenic patients should be closely watched from day to day and during different portions of the same day. It should also be noted whether they are much depressed by a visit from a relative or not and a careful report made to the attending physician. Don't talk with them too much about their troubles; leave that to the doctor; he sees them only for a short time each day and can make a much stronger argument as to their condition.

Diversion is a necessity and the physician generally plans for each day something to occupy every hour of the patient's time. Of the various kinds of exercise which are advised, walking is perhaps the best, for it brings more inuscles into play than any other. If the patient is weak, driving is excellent, for it gives him the benefit of fresh air and change of scene without any exertion. Various games are indulged in, golf, per-

haps, being one of the best; billiards, tennis and croquet are also good. Be always on the outlook and don't let your patient get overtired. I once had a patient who was very fond of playing pool and the doctor advised a few games each day. Another doctor in the same town used to join us occasionally and the interest would run pretty high. One day Mr. R- and Dr. W- played the usual number of games and I suggested that they stop, but my patient refused and after a few more games I saw he was in no condition to continue and again cautioned him to stop. Finally he gave in but it was too late. The reaction came the next day and he expressed himself as being "all in." I am glad to say he was very honest in the matter and explained to the doctor's satisfaction that it was all his fault. So you cannot be too careful in restricting such a patient in his exercise. In the vast majority of cases they will be guided by the advice of the nurse and when they will not the patient (and nurse also) have to suffer. The family and friends will often inquire as to the patient's condition, and when you can do so without offending, refer them to the physician. It is his place to say as little or as much as he thinks best and at times nurses make grave mistakes by talking too much.

Neurasthenic cases are difficult to care for but they are interesting and if the patient recovers, you have won his everlasting gratitude for the sacrifices you have made in his behalf.

# In Quarantine with Diphtheria

HELEN M. STEWART.

I N the Winter of 1905, diphtheria was epidemic in parts of the northwest. I was living in a small town in the northeastern part of Washington, where the disease was prevalent. The three physicians of the town were busy day and night, for they had a large territory of surrounding country to cover in their practice. One of the physicians was "doctor" to the Indians of the nearby reservation, which required much of his time, leaving most of the town work to the other two doctors. I was the only graduate nurse in the vicinity, so I, too, was busy, dividing my attentions, as much as possible, rather than devoting my whole time to one patient.

One of our physicians had been called to a small town in the northern part of Idaho, thirty-two miles from our home town, where the dread disease was increasing daily.

One child had died before the arrival of the doctor, and as he was unable to get but three tubes of antitoxin, he treated the children of this afflicted family only, and returned to town for more supplies. As the doctor could not be spared from his daily practice, it was decided I should return to the Idaho town with more antitoxin and medicines. Delay was dangerous, so within twelve hours I was on my way, well supplied with medicines, disinfectants and fifteen tubes of antitoxin. It was a cold night in January, and the roads were rough and frozen. We left our home town at 7 o'clock in the evening. I was to stop on my way, three miles from my destination and give antitoxin to three children, one of whom was in bed with diphtheria. We reached that home about I o'clock in the morning and found the parents anxiously awaiting help. The boy confined to the bed was not seriously ill, and improved rapidly after the antitoxin. I made but one more call there during my stay of six days in the town.

After leaving this home we drove to my headquarters, at the home of the merchant of the place, who was leader in most all affairs of the town, and responsible for the aid of both doctor and nurse. There were about twenty-five families in the town and immediate country, all having been exposed to diphtheria by the arrival of a "logger" from a nearby logging camp.

After a light lunch I went to bed for a four-hour's sleep. In the morning I gave antitoxin to five of the six children in the house where I was stopping, and after breakfast went to the boarding house of the town, and treated three children there. None of these children had diphtheria, but all had been exposed.

The family whose baby had died had three children quite ill in bed and two not yet stricken. My next visit was to them, where I was to leave medicine and give more antitoxin if necesstary. These people lived in a one-room shack on a timber claim three miles from town. Snow had fallen during the night and the road was entirely hidden from view, but the driver knew the road perfectly. In many places he had to get out and stand on the runner of the sleigh to balance it, and sometimes we both would have to get out to keep the sleigh up-

right; we arrived safely and I was as far in the woods of the Panhandle of Idaho as I ever expect to be.

Before entering the house I put on a long linen coat, which covered my uniform completely, and a linen cap, leaving my own garments in the sleigh. three children who had been most seriously ill were up and dressed, and the other two in good health. It was impossible to fumigate this shack, as above the one living room was a loft full of old truck, and the whole building was full of cracks and holes. I saw that the doctor's orders regarding care of person and diet were strictly carried out. The throats of the childen semed to be quite normal, as did temperature and pulse. but I left a generous supply of peroxide for gargle, and bowel medicine sent by the doctor.

Carbolic acid had been used thoroughly all the time, and this was to be continued until the children could go out doors.

I made one more call there before leaving the town, and found the children in very normal condition. The father built a new house as soon as possible and burned the old shack—most effectually destroying the diphtheria germ.

In the afternoon I gave four more antitoxin treatments and sent back home for more. As the town was in quarantine, the stage did not make its usual trips.

This stage went twenty miles to the home town of the Indians on the reservation and received its mail from a stage coming from the nearest railroad town, twelve miles beyond. The third day of my stay the stage went out after mail and my new supply of medicine.

There was but one very sick child at this time. This was a little boy to whom I gave two antitoxin treatments. I had two night calls to him; in both instances his breathing becoming so difficult as to frighten the parents. I tried "steaming," which was very successful in loosening the membrane and clearing the throat. I made a "tent" of a sheet through which the steam from a boiling tea kettle passed to the child. Later I swabbed the throat with hydrogen. The child was doing well, but a too-indulgent parent took him out of bed into another room when he took a slight cold. The second time I was called in the night I gave the second antitoxin treatment. The child recovered rapidly, and the baby sister was not ill at all.

I was next taken to a home two miles from town, where two children had been exposed, and a deal of anxiety was felt by the parents as a laborer had just left the home quite ill with diphtheria symptoms.

One of these children was a little girl who had spasms since babyhood. She was now three years old. Our doctor knew of this case and had told me not to be at all fearful of giving her the treatment as her spasms were easily controlled, should the shock of the hypodermic bring one on. It was two hours before the parents could decide what was best to do, as their dread of the child's spasms was so great. After seeing the little boy successfully and harmlessly treated, they decided I should treat baby. The mother left the house and the father held the child. The antitoxin was given, and baby was playing on the floor, well and happy, in ten minutes' time. My next visit was to a home where three grown children lived. Two of them were glad of the antitoxin, but the third could not be persuaded to take it.

Often I found the parents entirely oposed to antitoxin, consenting to its use only because I had been sent to them by a "trusted and tried" physican. In some cases, however, I found them very glad of it, for the children, as the night previous to the first case being pronounced diphtheria by the doctor, a church social had brought most of the families together, among them the brothers and sisters of the sick child.

The town was in close quarantine, and the people adhering strictly to the doctor's orders, spread of the disease was checked promptly. I posted their orders for fumigation in the post office, and their quarantine was to be raised by written notice from the doctor posted in same place.

I stayed six days in the town, treating twenty-five children with antitoxin in that time.

I left for my homeward trip on a beautiful, frosty morning; the stage made the Indian town by noon, and I am sure all germs which might have left the little quarantine town with us, were destroyed long before noon by the frost and sun which was evrywhere prevalent.

At this Indian "Mission" is a large school, conducted by the Jesuit Fathers and Sisters, for the Indian children.

The stage drivers, from both ways, and their passengers always ate with the Sisters, but the driver warned me to take a lunch, as it was probable the Sisters would not take us in, coming from the quarantine town. They had refused to dine him for the week past, and I called on the Sister Superior to explain that the stage driver lived alone and had not been exposed at any time to the disease. It was, seemingly, an unnecesary hardship that he should take that drive of forty miles in frosty weather without a hot dinner, but the Sister Superior felt it too great a risk, but she sent him hot soup and hot coffee. Surely, a school full of sick Indian children would be a catastrophe any of us would guard against!

There was one very mild case among the Indians which I visited while waiting for my second stage drive. The sick one was a baby on a papoose board—doomed! The mother, father and several friends were watching the end. The mother could not be persuaded to take the little one off of the board. There it must suffer, with its tiny legs and arms all bound up, until death released it.

The remaining twelve miles of my journey was uneventful. I reached home in the late afternoon, none the worse for my six days' experience in the woods with diphtheria. Our doctor heard several times from the little town after quarantine was raised, and all reports were satisfactory.

By early Spring our own town and vicinity was entirely free from the disease, and a healthy Summer followed the hard Winter.

# An Alaskan Episode

EMILY HARRISON BANCE.

I T was raining in Valdez. A little way out of town the little Mission Hospital stood with the water dripping from her eaves, her yellow painted walls shining hopefully in the rain. The little glacier stream running through the hospital grounds murmured cheerfully on its way to the sea.

Inside the hospital, where, by all the laws that govern the universe, everything should have been dismal and depressing, things were quite the reverse. On this August afternoon of which I write, any one entering the hospital would have been struck with the general air of cheerfulness pervading the ward. A rose bush and several geraniums in full bloom adorned one of the window spaces. Alaska boasts many beautiful flowers, but geraniums and roses, children of a warmer climate, are a rarity and only thrive indoors and need care.

A stove was burning brightly in the middle of the room, and in the glow sat three patients. There were four in all, but the fourth was sitting up in the nearest bed. All four were convalescent and had been in the hospital several weeks, and, having been through trials together, had become great cronies.

All four were from different parts of the country, but fate had drawn them together, making them friends in misfortune. In true Alaskan comradeship they called each other by their Christian names. Fred, the man in bed, a Californian, had been two years in Alaska. He was suffering from a serious break in the left leg, which was slow in healing. While out on a prospecting trip he

slipped off his mule while crossing a glacier stream. All would have gone well, but, unfortunately, the mule, faithfully following her master, kicked him while swimming, just as they reached the shore, seriously injuring the leg. Then the mule recrossed the stream and returned to Valdez without her master. and immediately his friends searched for the missing man and found him wet and exhausted on the bank. Ed, a New Yorker by birth, was a miner from Ellamar, on Prince William Sound, recovering from a fractured foot. He had red hair and, moreover, was attired in a brilliant red wrapper, so was nicknamed "Red" by his fellow cronies. Kentuckian, recovering from a two months' siege of rheumatism, was the wit of the ward and, having been very seriously ill and near death, was respected and looked up to accordingly. He was always given the best of everything.

"Middy," the sailor, was the latest comer of the four and had only been in the hospital three weeks. He was born in Kansas and was one of the crew of a United States revenue cutter. During the short time he had been in the hospital he had created a general atmosphere of sea life in the ward. He used all the nautical expressions, such as starboard and aft, called his bed a hammock and the men mates. He also told long yarns about the sea and always capped the climax in every argument.

All these patients were attired in bright blanket wrappers and felt shoes, which had recently arrived in a donation box from the East. The hospital being part of the Episcopal Mission, it is the recipient of many donations and the arrival of a box from an Eastern church is an event full of interest to every one. Red was running a phonograph, a large Edison Standard, a very clear and bell-like instrument. It seemed strange to hear the strains of "Everybody Works but Father," "In the Shade of the Old Apple Tree," "The Sidewalks of New York" and "Dearie" in a little hospital so many miles from civilization.

The phonograph is a great amusement in Alaska, where there are no theatres of any kind and few amusements.

The little hospital boasts about two hundred records, including religious, comic, operatic and band selections. Often the strains of "El Capitan" and the "Manhattan Beach" resound cheerfully through the ward.

And so Red played one record after another until he came to "The Lemon in the Garden of Love," the acknowledged favorite. Let it be said that Jim, Red, Fred and Middy were all old bachelors between the ages of fifty and sixty. That is the reason they liked "The Lemon in the Garden of Love." This always called forth a good laugh from the four old bachelors and they never failed to congratulate each other on their good luck in not being married. They had all escaped the lemons.

And so, after playing the prison song from "Il Trovatore," "Tell Me, Pretty Maiden," from Florodora, and "Louis and Lena at Luna Park," Red played "The Lemon."

Somehow, the laugh which followed "The Lemon" on this particular afternoon didn't seem to have the true ring, and there was a perceptible silence.

"Well, boys," said Fred, "I'm too old for marriage now—no one would have me," and his face looked white against the pillows.

"Well," ejaculated Jim, "I'm powerful fond of kids, but I never saved enough to get married on. Never had the dough. How did it go with you, Red?"

Red said that his girl had red hair, and they all laughingly agreed that it was just as well he remained single, for two red heads always quarreled—too much temper.

Then Middy told a long yarn about his love affair, how eighteen years ago he had the finest girl who jilted him because she thought he was poor, and all the time Middy had three thousand in the bank "unbeknownst to her."

So he gave up love and entered the navy, and won honors fighting for Uncle Sam, and soon he would retire on a pension, and no one to bother about either.

"But," said Fred, "when you grow old it's good to have some one who cares. Just look at me now laying sick here. I haven't anybody." He paused and in his thoughts looked down the years and saw the girl he was engaged to in sunny California long ago when he was young. She had caught cold a few months before the wedding day and died of hasty consumption. Fred had never recovered from it, and had never cared for any one else, but his loss had made him sympathetic, and he had hosts of friends.

"Boys," he said, "we laugh at the lemon, but we haven't anything. Men who are married and have wives and families have something to live for and some one to care."

And so they talked and smoked, and then the cheerful electric lights were turned on, and Oto the Jap passed around their trays. Soon all were enjoying their clam soup and corn bread.

That evening a new patient suffering

from rheumatism was admitted to the hospital. Hans, the newcomer, was a German, a miner from Landlock Bay, who had come thirty miles in a steam launch. He was chilled through and both ankles were painful and swollen-rheumatic from working in the damp mines.

The four friends eyed him sympathetically while he was being made comfortable in bed with hot water bottles.

Each assured him that he would soon be well, but the newcomer seemed very non-communicative and despondent.

The next day they tried to cheer him up, but Hans was very reticent and nothing seemed to brighten him.

"You oughten ter feel so blue about a little rheumatiz," said Jim. "Why look at me. I had it mighty bad, and I'm all right now. I couldn't move at all when they carried me in."

"Oh, you'll soon be on deck," said Middy. But Fred said, with ready sympathy: "Leave him alone. The man's worried about something."

And so they stopped their questioning. Then late in the afternoon Red, as usual, began the phonograph. Hans listened intently and seemed to enjoy the music, and after several selections the refrain of "The Lemon" floated through the ward.

The men were in a good humor, and forgetting their little talk of the day before, laughed and joked freely about the little song with its ridiculous chorus, and once again they laughed and congratulated one another. Then Red, noticing that Hans did not join in with their merriment, said: "What's the matter, boy, thinking about your girl?"

The young man turned his mournful brown eyes on the four men, and then, catching the sympathy in Fred's face, he blurted out: "Men, my wife died two weeks ago," and buried his face in the pillow.

The words were like magic. A hush of compassion and sympathy fell on the little group, and Red closed the phonograph.

They were all very kindly sympathetic in their rough way. Little by little they learned how much he cared for her, how she was just twenty-two and had died in the little mining camp on the Sound. The men were as kind as it was possible to be to Hans. He had had a wife and lost her. His sorrow was great, but his life was full as theirs never could be, for it was crowned with the love he bore the dead. In life she was probably a hardworking coarse-featured woman, and he only a rough, uneducated man, but they had loved each other and love, although it often brings sorrow, is the greatest gift of God.

One by one the four friends and Hans left the hospital, and new patients took their places.

Several weeks later some one was playing the various records, and on opening the box containing "The Lemon" found it broken in a hundred pieces.

So things change and outlive their term of usefulness. The phonograph record had contributed more than its share of cheerfulness to the world, but, as all good things must, sooner or later, it had come to the end of its career.

But its plaintive mocking chorus will always be remembered by four men who were once cheered by its refrain—

"Will some one kindly tell me,
For I would like to know,
Why I picked a lemon in the garden
of love,

Where they say only peaches grow."

# Practical Points

HE result of using the ice cap to reduce high temperature I have found most gratifying. According to the range of temperature the ice cap placed in one or both axillae, arranged so it also rests upon the artery in the arm, or tied on the inner part of one or both legs above the knee, has immediate effect upon the temperature, reducing it two to three degrees and holding it down while patient sleeps or rests quietly. Delirium is quelled, nerves quieted and many of the sequent results of high temperature averted. While making the tests I found that even in a temperature of 105 2-5 degrees the cold sponge was unnecessary. I observed, also, that the temperature never fell to "sub-normal," though it sometimes touched normal and was held there so long as the ice cap was left on. Patients to not object to this method of reducing high temperature as they do the F. D. B. sponge, pack or plunge.

An invalid's bed tray is cheaply made by buying a child's table at cost of 25 or 50 cents and sawing off the legs.

I use finger cots for ice bags for eyes and find them superior to gutta percha squares or compress. A little elastic band will hold ice and water well inside.

In my bag I have bags and cases for everything separately. Douche bags, abs. cotton, gauze, etc.; for instruments and odds and ends I make cases similar to an envelope, and stitch down into compartments; they can then be rolled up and tied, and at a glance I can tell if any-

thing is missing when I start out. For bottles, the leather pockets in the bags are all right, but for instruments and douche nozzles, etc., I want a case. The cases are easily laundered.

I rip my patients' night gowns up at the side seams, instead of the middle of back, thus saving a seam in them later on; I often rip a half yard just at the sides and reach in to rub back, etc.; when the patient is really not sick enough to rip it the entire way, I find this saves a lot of work for both of us.

At a recent typhoid case, packs and sponge baths did no amount of good, and a portable tub or big rubber sheet were prohibitive in cost, so we got a large piece of enamel cloth. This we put under patient in the bed, his wife and mother gathered it together, top and bottom, and held it up, and I gradually put in water enough to cover body, adding ice and keeping up friction. Twenty minutes would usually do it all easily, and was very successful. Water was easily let out. We rolled patient to other side of bed in a blanket. Only this—be very careful of your cloth, for the enamel cracks off easily, and this ruins it for use again. When not in use I pin it with heavy pins along the wall, for folds will soon crack.

A five-cent "butcher's cuff" makes a perfect ether cone; it is washable, light to carry, and easily made up with a napkin pinned around, and filled with gauze or another napkin or compress.

G. M. P., Visiting Nurse.

# The Diet Kitchen

### Diet for the Diabetic

ROSE R. GROSVENOR.
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PAPER I.

A S diet is essentially the chief item of importance to be considered and attended to in the treatment and nursing of "Diabetes Mellitus," the successful outcome of the case will greatly depend on the careful and intelligent selection and preparation of the patient's food.

Owing to the great emaciation and weakness accompanying the disease, it is important that the diabetic should be well fed, and from the great restriction necessary the securing of proper food is sometimes a hard problem for the nurse to solve, and much ingenuity is required to provide a tempting variation in the bill of fare from day to day.

In the simple form of diabetes, known as "Diabetes-Insipidus," which is a less dangerous disease than the above, the diet is not generally so carefully restricted.

While it is positively necessary for the nurse to know what may or may not be given, and how to prepare the food, she will, in almost every instance, receive special directions in regard to the diet from the attending physician.

Cases differ so widely, one from another, that no set rule applicable to all persons can be laid down. What is distasteful and detrimental to one patient is often well borne by another. When there is great loathing of the restricted diet, some variations will have to be

made and greater latitude allowed, as too rigid restriction would be harmful.

However, it is necessary in all cases to exclude as far as possible all sugars, starchy foods or sauces, confections and condiments containing those substances, all of which are liable to accentuate the symptoms and keep up the activity of the disease; all animal diet and fats must be increased, water given freely to eliminate sugar, and saccharin or glycerine substituted for sugar as the taste dictates or circumstances permit.

Saccharin is a sweet derivative of coal tar, and is obtainable in tablet form; one tablet will sweeten a cup of coffee without stirring and will be sufficient for a second cup with stirring. To sweeten berries or puddings, dissolve a tablet in the cream which is used with the dessert. A tablet may be dissolved in vinegar if one desires sweetening added to lettuce or tomatoes. When it is necessary to sweeten a dessert before cooking, use saccharin in the proportion of one tablet to each tablespoonful of sugar the recipe calls for.

In providing food for the diabetic, one of the great drawbacks in the past has been the lack of bread that contained only a minimum of starch, it being the most difficult article of everyday food for which to find an efficient and palatable substitute.

Since the establishment of the "National Pure Food Law," and the advent on the market of pure "Gum Gluten" flour and other government tested gluten products which are practically non-starchy and also nutritive and palatable, the difficulty in furnishing suitable breadstuffs and other substitutes for farinaceous foods has been greatly ameliorated.

True gluten, the most valuable food substance known, is the only food from the vegetable kingdom that is classified with lean meat, eggs and other albuminous products from the animal kingdom. Gluten flour is flour from which the starch has been washed wholly or in part, the "Standard Gluten," as required by the "Pure Food Law," must contain at least 35 per cent of proteid and not over 48 per cent starch. One pound of this "Gum Gluten" contains eight and three-fifths ounces of protein, whereas, sirloin steak contains but two and onehalf ounces, showing conclusively the food value of Gluten over that of beefsteak.

The following dietary, containing most of the articles of food and drink that a diabetic may partake of, will be found useful in selecting suitable menus during all seasons of the year:

### ANIMAL FOODS.

Almost all kinds of animal foods, flesh, fish, poultry and game, may be consumed by the diabetic. Butchers' meats (except liver), kidneys, tongue, sweetbreads, sausage, and cured meats and fish, oysters, lobsters, shrimps and clams, fresh or canned.

Broths and meat soups not thickened with farinaceous matter or containing the prohibited vegetables. Eggs, prepared in various ways, cheese, butter and cream are all allowed.

### FARINACEOUS FOODS.

Substitute for the usual breadstuffs, Gluten bread, biscuits, gems, wafers, griddle cakes, porridge, mush, breakfast foods and macaroni, almond bread and cakes, bran bread and cakes; failing these brown or white bread well toasted may be used occasionally.

#### VEGETABLES.

All kinds of greens, such as spinach, dandelion, beet-tops, celery, lettuce, mustard and parsley. Tomatoes (raw or cooked), cucumbers, young onions, string beans, oyster plant, mushrooms, and all kinds of herbs may be used. The following vegetables may be given occasionally in small quantities, if boiled in a large amount of water: Turnips, cauliflower, cabbage, Brussels sprouts and asparagus.

#### RELISHES.

Vinegar, oil, catsup, horseradish, mustard, pickles, olives, radishes; the various sour salads and sauces may be used sparingly.

#### DESSERTS.

Puddings made of Gluten flour or bread crumbs, sweetened with any allowable substitute for sugar, jellies, blancmange, cream custards and ice cream, sweetened as above and flavored. Sauces made of acid fruits, such as strawberries, gooseberries, currants, sour cherries, cranberries, plums and tart apples, their acidity being neutralized with a little bicarbonate of soda while cooking, and then made palatable with saccharin. Oranges, grape fruit and all kinds of nuts, except chestnuts, are also permissible.

### BEVERAGES.

Thirst is frequently a very distressing symptom of diabetes. To relieve this

the patient may be given acid drinks, distilled water, containing lemon or orange juice, lemonade, or a few drops of diluted phosphoric acid added to distilled water may be ordered, a fair quantity of fluid usually being allowed when the thirst is excessive. Other beverages allowed are tea, coffee and cocoa, without cream or sugar, saccharin being added if desired. Skim milk, buttermilk, koumiss, soda water, ale, claret, sherry and brandy, all in moderation. alkaline and alkaline calcic mineral waters, Saratoga, Waukesha, Londonderry Lithia, Buffalo Lithia, Vichy, Apollinaris, Carlsbad, Bethesda, etc.

All foods and beverages not given in the above list as permissible should be avoided unless the physician should consent to their occasional use. In all cases, the nurse should personally attend to the cooking of the food, and if that is impossible, the cooking must be carefully supervised and the cook informed upon every point in the preparation of the food and particularly in the serving of made dishes.

Roasts must not be dredged or soups, gravies or sauces thickened with other than Gluten flour, or poultry, game, fish, oysters, etc., breaded with other

than the crumbs from Gluten bread or crackers; neither should they or vegetables be scalloped with white bread crumbs. Batters used for inclosing meats, fish, vegetables or fruit, or for use in omelets, should be made of Gluten and egg.

The nurse will also be obliged to keep a strict watch over patients under her charge with regard to the diet. Many do not understand the great importance of the restriction, and willfully break rules laid down for them, and even the bestintentioned will sometimes slyly obtain the forbidden food. The unexpected accentuation of the symptoms, without due cause, should raise suspicion that prohibited articles have been introduced in some way or other. To prevent a repetition of the occurrence steps should immediately be taken to determine the source of the contraband food and see that it is kept beyond the patient's reach.

After the diet has been restricted for a time according to the above rules, the symptoms are usually controlled either partially or entirely and the patient gradually regains flesh and strength, and as long as the diet is adhered to, continues to improve or remain stationary, according to the severity of the disease.

### Philadelphia, Pa.

The Mount Sinai Hospital, Philadelphia, and the Northwestern Hospital, Philadelphia, have added a Massage Department to their Neurological Clinics. Miss Elizabeth M.

Spratt and Mr. John F. Hunt, from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, have been placed in charge of the same.

# Editorially Speaking

### The International Congress of Tuberculosis

In September next the most notable convention of the year will be held in Washington, D. C.—the International Congress of Tuberculosis. The office of the General Secretary is at 714 Colorado Building, Washington. This is the first time this congress has met in America. and it will be many years before it comes to this country again. It meets once in three years for three weeks. It is expected that all civilized countries will send delegates. It will be divided into seven sections. A course of special lectures, which will be open to the public, will be given. There will be a great Tuberculosis Exposition, showing what is being done all over the world in the campaign. There will be clinics and demonstrations for the benefit of both medical and lay members of the congress.

A large number of awards will be made for exhibits, literature, etc. Full information regarding the awards can be gained by addressing the headquarters of the congress. Among the awards we find the following that may be of special interest to our readers:

I. A prize of \$1,000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary association since the last International Congress in 1905. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

II. A prize of \$1,000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

III. A prize of \$1,000 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

IV. A prize of \$1,000 is offered for the best exhibit of a dispensary or kindred institution for the treatment of the tuberculous poor. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

V. A prize of \$1,000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of \$1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

VI. The Hodgkins Fund Prize of \$1,500 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."

### Elective or Optional Courses

THOUGH the terms "elective" and "optional" are sometimes used interchangeably, there is apt to be confusion in the minds of some when those terms are applied to nursing studies. If, by using such a term as "elective" we meant that at a certain stage a nurse's education was considered sufficient for general nursing, and that she then had the choice of leaving or staying to gain a fuller knowledge in some special line, it is quite probable the solution of the vexed question of a third year of training might soon be reached. But there is as yet no disposition on the part of hospitals to make such an arrangement. They are more apt to demand the third year as their "pound of flesh." Some are willing to allow the nurse a degree of choice as to which side she chooses her contribution to the cause shall come from, but give another year she must. She can "elect" within circumscribed limits.

In the discussion on the subject of the length of the term of training that took place at the meeting of the New England Association for the Education of Nurses (published in our April number), the idea of elective courses for the third year had many advocates. It has been accepted by some theoretically as a solution of the problem. But investigation shows this to be impracticable.

In the census report of benevolent institutions, published in 1904, out of 1,484 hospitals mentioned close on to 1,000 had, at the time the census was taken, only fifty patients or less in residence. Everyone who has had experience in a fifty-bed hospital knows that the theory of elective courses in such hospital schools is absolutely impossible to carry out. There is no possibility of careful classification of patients accord-

ing to diseases in most of those hospitals. The nurses must be moved about as the work demands. They get a good general training and experience, but specialties are out of the question.

Even in hospitals of a hundred to a hundred and fifty beds, such a theory could not well be carried out. The increase in bed capacity in a large number of hospitals in recent years has been in private rooms for paying patients. There has also been a great increase in recent years in the demand for special nurses for hospital patients. This makes continual adjustment of the nursing force necessary. The special duty has to be divided, and each nurse has to take her share of it, no matter what the case may be. Suppose a hospital of that class, say one hundred to one hundred and fifty beds, having about sixteen to twenty in the graduating class, wanted to give elective courses. What could the average hospital offer to those twenty young women as elective work? Only a small proportion could be given special operating room work. Such hospitals do not often have a large obstetrical service, and some have none at all. They may have an obstetrical ward or small department, but after a nurse has had the general training in such branches to which she is entitled, and it is pretty generally accepted that a trained nurse must have some obstetrical experience, what has the hospital to offer as elective work? What, along medical lines, that will not cover ground already gone over? So, when we say the last year should be partly or wholly elective, we are advancing a theory that is impossible to carry out in probably ninety-five per cent of the hospitals of the country. It is like the affiliation theory, an apparently ideal

solution of the problem until one comes to apply it. Then it won't wrok in most cases.

The third year, however valuable it may be to the hospital, is not a satisfactory year to most pupil nurses. It has become increasingly unpopular with the general public, and more and more the young women of America are going to be unwilling to spend three years in acquiring a training which they could get in two years if the hospitals would allow them to do so. There is an old fable about the boy and the nuts, which teaches a moral that applies here: The boy wanted to get some nuts out of a jar which had a narrow neck. He grasped all that his hand could hold and tried to reach for more, but found he couldn't have all he wanted. The conditions would not allow it. He could not get his hand out of the jar. "Let go half the nuts," said a bystander, "and then you can remove your hand with ease." And the boy did. The moral is, that in exacting too much, or trying to ask for too much, we are very apt to lose all. Moderation in requirements would doubtless have prevented the present difficulty in securing desirable candidates. exacting too long a term of training and making other requirements to correspond, the hospitals lose every year hundreds of young women who would otherwise The only right solution of the problem is to fix the term of training at two years, or twenty-six or twenty-seven months, and leave the nurse absolutely free after that to remain a general nurse or to choose her own specialty, and take it when she chooses and where. No such compromise as a theoretical elective course for the third year is going to be satisfactory to nurses in any but the very largest hospitals.

### Over-Organization

WE are frequently in receipt of letters from nurses complaining of the burden of so many nursing associations, the continual paying of dues to separate organizations, the lack of interest shown by the small number who gather at monthly meetings, etc. So numerous are these organizations, dues and meetings that a great many nurses who would like to join other societies, and occasionally participate in meetings that would help them to forget nursing for a while, are debarred from so doing. If they do not manifest by their attendance at meetings an unwavering interest in nursing societies, they are liable to be accused of "lack of interest" or "disloyalty to the profession." If they faithfully attend alumnae, city and county. State and National association meetings and attend to any committee work for these bodies, they will find little time for keeping in touch with movements outside the nursing field from which they would receive inspiration.

One correspondent suggests that as State organizations have been effected in most of the States, and as the United States is a country of such magnificent distances, once in two years is often enough for the National meeting. She speaks of the heavy expense of attending these National meetings every year, as compared with the scant benefits received —each year committee after committee is appointed to do some wonderful work and the next year sees the situation precisely where it was before.

She thinks that as nurses are not "ladies of leisure," but as most of them are busy women and wage-earners, these multiplied societies, dues and meetings are a real burden that ought to be reduced in some way.

These are questions the nurses themselves must settle.

# In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

### Social Features of the A. A. Convention.

The California State Nurses' Association, at whose invitation the convention was held in San Francisco, spared no effort to make the reception, welcome and entertainment of its guests in keeping with the State's reputation for bounteous hospitableness. The hotel accommodations, arranged many weeks previous to the date of the convention, were retained only by the diplomatic business policy of the committee, owing to the coincident arrival of the fleet and the desire of the hotels to profit thereby; but every delegate and visitor was comfortably housed at reasonable rates, and each one found in her room evidence of welcome, aesthetic and material, in a bouquet of California marguerites and a basket of oranges, with a card bearing greetings from the State Nurses' Association.

The train bearing the official party and about sixty delegates was over twelve hours late, thus arriving Monday, May 4, only in time for a hasty breakfast before the automobile ride scheduled for 10 o'clock. Sixteen big six-passenger touring cars, carrying the delegates and visitors, then assembled and made a tour of the points of interest in the city and its vicinity, including the city proper, the ruins, Golden Gate Park, the Presidio, the view of the harbor, the old mission and many other points. The tour was a most ably conducted one, a California nurse accompanying each car, acting as hostess. The trip lasted about four hours.

On Monday evening a reception to delegates and visitors by the State Nurses' Association was held at the St. Francis Hotel. It was sufficiently informal in character to serve admirably as a means of getting acquainted.

On Tuesday evening a trip to Chinatown was arranged. Parties of fifteen or twenty, each under guidance of San Francisco nurses, visited the Chinese mission, where a pretty little programme of music by the Chinese girls

had been prepared; the different bazaars and other places of interest in San Francisco's new Chinatown, ending with a true Chinese meal served in a Chinese restaurant. To the nurse from the "effete but conservative East," whose knowledge of the Chinese is limited by the front room of the Chinese laundry, the incidents and sights of this trip were a revelation indeed.

On Wednesday the regular afternoon session of the convention was omitted, and the nurses participated in the demonstration of welcome to the fleet, for the arrival of which the city was in gala dress, and festive as only San Francisco can be festive.

Thursday morning many of the nurses viewed the grand parade through the elaborately decorated principal streets of the city.

On Thursday evening a grand banquet was given by the State Nurses' Association to three hundred delegates and visiting nurses. Miss Theresa Earle McCarthy held most ably the post of toastmistress, and responses were made to "Here's Welcome to Our Guests," by Miss Montfort; "Hands Across the Rockies," Miss Damer; "Training School Reminis cences," Miss Bently; "The Doctors," Miss Richardson; "A Good Medicine," Miss Shuey; "The Have-Beens, Are-Nows and May-Bes," Miss Courrier, with impromptu toasts and responses by Miss Sly, Miss De Witt and others.

A feature of the occasion, a surprise to guests as well as the recipient, was the presentation of a bracelet to Dr. Helen Parker Criswell by Miss Dozier for the California State Association. The presentation speech was a glowing tribute to Dr. Criswell, who responded most fittingly.

The banquet lasted four hours.

On Friday evening the current of entertainment was turned ever so slightly; hardly enough, however, to create a ripple in the steady flow, when at several small dinners

given by delegates in the various hotels one or more California nurses were guests of honor. On this evening also many small parties viewed the illumination of fleet and harbor from various vantage points about the city.

On Saturday a sightseeing trip to Mount Tamalpais was arranged, and all enjoyed from start to finish a trip embodying much of picturesque and unique mountain scenery, with little of discomfort in the seeing. The rail way which makes the journey easy adds to its attractions by being "the crookedest in the world."

On Saturday evening an informal musicale was given at the St. Francis—a pleasant social time and informal farewell.

On Sunday a trip to the Greek theatre at Berkeley was dampened by the last edge of the rainy season, and the out-of-door concert was necessarily omitted, but the theatre, an exact replica of Greek architecture, was worth the seeing.

Monday morning saw the city practically cleared of the delegates, and the convention body dispersed, some going north, many to the Yosemite, others to points along the coast and to Los Angeles. Each one left imbued with the cheer of the welcome, the zest of the entertainment and the kindly regret in the farewell of the nurses of the California State Association.



### Ninth Annual Convention of the Spanish-American War Nurses.

To our great disappointment our president, Mrs. Henry Hunt Ludlow, was detained at home on account of illness in her family.

Laura A. C. Hughes, M. D., took the chair. Rev. W. H. I. Reany, U. S. S. Mississippi, stationed at League Island Navy Yard, Philadelphia, Pa., and Dr. Harmon, Medical Director, Naval Academy, Annapolis, Md., were elected honorary members.

Dr. Helen Bissell, of Rochester, N. Y., who served at Leiter Hospital in 1899, was elected to membership.

Mrs. Annie Comfort, who has for four years been recovering from an accident, was with us for one day on her way West.

The Committee on Pensions, Dr. Anita Newcomb McGee chairman, reported that a pension of \$12.00 per month had been secured for Mrs. Harriet Maxwell, Miss Annie Robbins and Mrs. Margaret Dunne Aston. This is the result of two years of hard work by Dr. McGee and her committee.

Camp Nicholas Senn, of Chicago, asked to present a memorial life membership in memory of its friend and patron, Dr. Nicholas Senn, to be held successively by members who are unable to keep up their dues. This was accepted as the Nicholas Senn memorial life membership.

THE TRAINED NURSE was by unanimous vote declared to be our official organ.

The following officers were elected for the year:

President-Mrs. Henry Hunt Ludlow (reclected), Fort Hamilton, N. Y.

Vice-Presidents—Mrs. Hollis C. Clark, Washington, D. C.; Miss Adelaide Mackreth, Ancon Hospital, Panama, C. Z.; Miss Ida Forsythe, San Francisco, Cal.; Miss Hannah Waddell, Philadelphia, Pa.; Miss Elizabeth Denning, Brooklyn, N. Y.; Miss Ida V. Parkes, Evanston, Ill.; Miss Mary A. Quinn, Providence, R. I.; Mrs. Anna Janson Switzer, Ludingtonon-the-Lake, Mich.; Miss Florence Kelly, New York City, N. Y.; Miss M. J. Harroun, Toledo Hospital, Toledo, Ohio.

Treasurer-Miss Rebecca Jackson, Over-brook, Pa.

Recording Secretary—Mrs. Laurette Hughes Kniel (Mrs. Robert Kniel), Westfield, Mass. Corresponding Secretary—Mrs. William P. Minteer, Galt, Canada.

A nominating committee to prepare a ballot for next year, to be sent to all members, was elected, viz.: Miss Rose M. Heavern, Miss Alice P. Lyon, Mrs. Harriet Fenwick Trotter, Mrs. Minnie Cooke Andrews, Miss W. C. Bohert.

We adjourned to meet in New York City, N. Y., in September, 1909, having voted to accept the invitation of "Camp Roosevelt."

On June 4 Camp Nicholas Senn gave the members a delightful luncheon at Mandell's Ivory Tea Room, where we met and were welcomed by members U. S. V. Auxiliary and members of Civil War Nurses, Visiting Nurses' Association and others.

Friday was the day of our banquet, where there were many distinguished guests and other friends of the veterans and nurses. The banquet was followed by a reception by the S. W. Veterans at their headquarters.

On Saturday the Veterans invited us to go on a tallyho excursion via the Boulevard to the Exposition Grounds, while a delegation attended the marriage of Miss Frances West, now Mrs. Isaac F. Hatcher.

Miss West was married at the home of her friends, Dr. and Mrs. Culver, at Sandwich, Ill. The rooms were beautifully decorated with old-fashioned garden flowers. The bride wore a white satin gown, with waist of renaissance lace. She was attended by Miss Wood as maid of honor, and Miss Martha Wiggans, her latest little patient, strewed sweet peas before her. Mr. Baldwin, of Morris, Ill. (her future home), was best man. The Rev. J. M. Sears, of the Congregational Church, united them with the solemn service of the Church. It was a beautiful ceremony, and our warmest good wishes go out to the bride in her new life. May she find all the happiness she desires in the new opportunities for service opening before her. REBECCA JACKSON.

Corresponding secretary ninth annual meeting S. A. W. N. Association.

### Kentucky State Association.

The second annual meeting of the Kentucky State Association of Graduate Nurses was held at the Woman's Club, Louisville, June 9, 10, 11, 1908.

The meeting opened Tuesday at 2:30 P. M. with invocation by Rev. C. P. Sparling, which was followed by the address of welcome by Hon. James F. Gunstead, Mayor of Louisville. Response by Miss H. Shaver, of Lexington. Address, John G. Cecil, M. D., president Kentucky State Medical Association. Address, Mrs. Charles P. Weaver. Tuesday, 8 P. M., reception at Seelbach Hotel by Jefferson County Graduate Nurses' Club.

Wednesday, 9 A. M., Executive Board meeting, Norton Infirmary. Roll call. Reading of the minutes. Address of president. Reports. Paper, "Duty of Nurses to State and Local Associations," Miss Lustnauer. Discussion opened by Miss Blair. Report of delegate to Kentucky Federation of Women's Clubs. Report of delegate to the Nurses' Associated Alumnae.

Wednesday, 2 P. M. Paper, "Course in Hospital Economics at Teachers' College," Miss Laura A. Wilson. Discussion, Miss Annie Rece. "Juvenile Court Work," Dr. Winifred Green. Report of chairman Almshouse Committee, Miss Ophelia Hay. Paper, "Anti-Tuberculosis Campaign," Miss Anna G. Murphy. Wednesday, 5 P. M. Entertained by Associated Alumnae of Louisville at Fontaine Ferry.

Thursday, 9 A. M. Executive meeting. Roll call. Minutes. Five-minute reports by presidents of alumnae societies. Election of officers. Miscellaneous business. The following officers were elected: President—Miss Laura A. Wilson; First Vice-President—Miss Marie Lustnauer; Second Vice-President—Miss S. E. Dock; Recording Secretary—Miss Lula Evans; Corresponding Secretary—Miss V. J. Bines; Treasurer—Miss J. J. Telford. Committees—Ways and Means, Miss L. Weisniger; Credentials, Edith Bush; Nominating, Miss Katherine Arnold; Press and Publication, Miss Patty McPherson.

## New York City.

At the annual meeting of the Metropolitan Alumnae Association on May 18 the following officers were elected for the coming year: President, Miss Caroline MacDevitt; first vice-president, Katherine Dillon; second vice-president, Anna B. Burns; treasurer, Edith Cavalli; secretary, Helene D. Bengtson.

## Troy, N. Y.

The Alumnæ Association of Troy Hospital Nurses held a very enjoyable outing Tuesday, June 18, at Averill Park. Twenty-five nurses attended, together with some of the sisters from the hospital. The ladies passed the afternoon in rowing, playing games, etc., and had dinner at the Averill Park Hotel. The event was in honor of the nurses who this year became members of the Alumnæ Association.

The Nurses' Alumnæ Association of the Troy Hospital, at its last regular meeting, held July 6, elected the following officers: President, Miss Elizabeth Doyle; first vice-president, Miss Sarah Carlin; second vice-president, Miss May Dirreen; recording secretary, Miss Ethel Pattison; financial secre-

tary, Miss Anna Hurley; treasurer, Miss Elizabeth Toner.

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### Brooklyn, N. Y.

The ninth annual graduating exercises of the Kings County Hospital Training School for nurses were held in the chapel on Clark son street on the 10th day of June, 1908. Many friends of the graduates were present. The chapel was beautifully decorated with white and gold bunting, roses and carnations. Gold and white are the class colors.

The pretty banner which was given to the graduates by their junior class showed good taste and sweet thought. The banner was of white silk and bore "K. C. H., '08" in gold. It was placed in the chancel surrounded by white and yellow roses.

James J. McInerney presided, and introduced as the first speaker Dr. J. M. Van Cott, one the the Kings County Hospital nurses' best friends, who made a very interesting address on "Work and Worry."

The next speaker was the Rev. John S. Woods, rector of Holy Cross Roman Catholic Church and chaplain of the hospital. Father Woods remarked that twenty-five cents out of every dollar taken in by the city for taxes went to the Board of Education. He thought that some of this money should be turned over to the hospital, which is overcrowded at the present time. He wished Controller Metz or Mayor McClellan would visit the institution and see just how crowded it was. Father Woods told the nurses that the Kings County Hospital was one of the best institutions in the country, and had the best doctors and nurses on its staff. Commissioner McInerney in his address said that he had received \$250,000 from the Board of Estimate for the erection of the new nurses' home, the work on which was begun the latter part of June, and is expected to be completed within a year.

Dr. Louis L. Pilcher made a brief but in teresting address. The programme ended with a few words of interesting advice to the nurses, and the benediction by the Rev. Edward Heim.

The graduates had the pleasure of having Dr. John F. Fitzgerald, superintendent of the hospital, and Miss S. A. Burrows, superintendent of nurses, distribute the diplomas to

the graduates, who also received handsome bouquets from their friends, head nurses and internes of the staff; also pretty souvenirs from the older graduates of the training school and the Ladies' State Aid Society. There was never a happier class graduated than the class of '08, they having had the pleasure of knowing the former and present superintendent of nurses of this training school, the former being Miss Martha O'Neill, who did so much to bring the Kings County Hospital to where it stands to-day. Miss O'Neill, who was ten years at the Kings County Hospital, had the pleasure of seeing her cight class graduate in the year 1907.

Miss S. A. Burrows, who was superintend ent of the Cumberland Street Hospital for several years and is now superintendent of the Kings County Hospital, had the pleasure of seeing her first class graduate on the 10th day of June, 1908. We as a class feel proud of graduating under the instructions of Miss S. A. Burrows, and think our juniors will feel the same.

Robert W. Hebberd, Commissioner of Public Charities, and Richard C. Baker, First Deputy Police Commissioner, were to have been present, but were detained. The internes of the hospital acted as ushers. They are the following: Dr. J. Ebersole, Dr. K. Brown, Dr. L. S. Lang and Dr. C. E. Voght.

A fine musical programme was rendered during the evening. The graduates are: Lo retta Frances Ames, Elizabeth Gertrude Flynn, Alice Young, Helfried Elizabeth Olsson, Loretta Cecelia Claffey, Helen Winifred Miller, Pauline Goldwin Baxter, Grace Louise Cole, Helen Marie Deane, Julia Vincent Neill, Margaret Annie Bee, Sarah Annie Evans, Elsie Leonard Richard, Myrtle Alberta Packard, Ethel Frances, Sarah Carson.

After the exercises all friends were cordial ly invited to the nurses' home, where music and dancing were furnished. Refreshments were served, and all seemed to have a most enjoyable time.

The commencement exercises of the Meth odist Episcopal Hospital Training School of Brooklyn, N. Y., were held in the chapel of the hospital on Thursday evening, June 4, when twelve young ladies received their diplo



GRADUATING CLASS, KINGS COUNTY HOSPITAL, BROOKLYN, N.

mas. The following comprises the class of 1908: Misses Desna Erdman, Edith Marie Jewett, Mary D. Mosson, Maude Elizabeth Smith, Luella Jane Wellman, Ethel B. Ransom (valedictorian), Caroline J. Albrecht, Henrietta M. Howell, Mabel Gill, Bessie Clint, Frances Maria Zeh, Irene Kunz.

## Fall River, Mass.

The annual reception and opening of the Seaside Home (for sick children) took place on June 25 and was well attended, over three hundred visitors calling in the afternoon. The dainty tea and flower tables and the ice cream booth were well patronized. The piazza seemed delightfully cool after the heat and dust of the city.

A staff of nurses under Miss Read, the matron, showed the visitors over the home and explained the methods used in the treatment of the children.

The home was opened for the admission of sick children on July 1, and received ten little patients on that day. Miss Fage, who has taken a post-graduate course at the Infants' Hospital, Boston, Mass., is matron in charge this year.

Miss McKenna, superintendent of the Union Hospital, was tendered a banquet by the nurses on the evening of June 24 and presented with an address, accompanied by a solid brass desk set. Almost every nurse in the city was present.

Miss McKenna is one of the class of '97, the second class to graduate from the Emergency Hospital. She was head nurse at the Emergency after her graduation and later superintendent of St. Francis Xavier Hospital, Charleston, S. C., where she established a training school for nurses. In 1902 she became superintendent of the Union Hospital and Training School. Her resignation from this position is very much regretted. Socially and professionally, Miss McKenna is exceedingly popular.

Miss Maude A. Cline and Miss Agnes Carter have gone to their homes in New Brunswick. Miss Carter returns in September, but Miss Cline will make her future home in St. John, N. B. Miss Embree and Miss C. M. McLean have also left for their respective homes in Nova Scotia and Ontario. After a much-needed rest Miss McLean will go to California to live, and her many friends here hope that her health may be benefited by the change.

The rooms on Grove street which these nurses have occupied the past five years have been the scene of many small, gay social affairs, and the breaking of their pleasant "home" is much regretted.

Miss Hart, matron of the Tuberculosis Cottages, has returned from a two weeks' vacation spent at her home in Bethlehem, Pa.

Miss Phelan has returned after an absence of six months in Charleston, S. C.

Miss L. J. Ryder is at Pascoag, R. I., for a two weeks' vacation.



### Kane, Pa.

The commencement exercises of the Kane Summit Hospital Training School were held on May 24, 25 and 26. The annual sermon to the nurses was preached by the Rev. Paul Shelley, pastor of the Presbyterian Church, of Kane. His discourse was appropriate to the occasion and was listened to with close attention.

On Monday evening the banquet took place at the New Thompson Hotel. The class colors, green and white, were used very effectively in the decoration of the table. A most delightful repast was served, to which about fifty nurses and their friends sat down.

The selections by the Temple Orchestra added greatly to the pleasure of the occasion.

Miss Ruth Shaw, class of 1906, acted as toastmistress and in brief remarks introduced the speakers of the evening.

Mrs. Anna Stoll spoke in rhyme of "The Nurse's Qualifications;" Miss Pearl Payne, also in rhyme, on "The Class of 1908;" Mrs. Fusser, "Our Brides," of whom we have seven in the past year. Miss Carlson, "A Post-Graduate Course: Is It Worth While?" The latter was read by the toastmistress, Miss Carlson being unable to be present. Miss Katherine Rooney spoke on "The Nurse in the Home." Her remarks were as follows: "So

much has been said and written of 'the noble calling,' 'soothing the fevered brow' and many like phrases that, as I speak to-night of the nurse in the home, allow me to add:

"From a nurse's standpoint there seems to be no limitation to a nurse's helpfulness in the home, at a time when hearts are heavy with anxiety, and skilled, competent care is needed for the sick one and to relieve the family of much of the burden.

"True, sometimes the surroundings are such that the nurse may wish she were in her own "Does she grow weary? What matters it? Her poor head aches—she heeds it not. And does she ever long for sleep? Perish the thought. Why, she is a 'trained nurse,' warranted to go both night and day and, unlike an eight-day clock, must never run down.

"A nurse's duties are seldom defined and may mean anything, from the immediate care of the sickroom down to maid of all work. If cook serves notice, nurse helps out with the cooking. These menial tasks do not lessen her dignity in the least, for here again we



GRADUATING CLASS, KANE SUMMIT HOSPITAL, KANE, PA.
Miss Wilson, Miss McEntyre, Miss Cawley, Miss McLaughlin.

home, sweet home, or within the four walls she calls home. But here the true nurse's spirit asserts itself, for has she not had it impressed upon her again and again during the training days that all thought of self is to be obliterated if she is to be successful in her work? So, adapting herself to the surroundings (for adaptability must be one of her strong points), she enters upon her duties in her new surroundings, amongst strange people, her only thought being the urgent needs of the patient and to relieve, as far as possible, his or her suffering.

are reminded that 'Who sweeps a room as for God's law makes that and the action fine.' So with a sweet, gracious manner she goes about these tasks as if it were pleasure.

"When Thomas Jefferson gets an overdose of green apples, nurse must apply proper remedies. Alexander Hamilton stubs his toe; nurse is on hand to apply first aid to the injured. Finally, George Washington develops croup in the wee sma' hours, and again nurse meets the emergency, very willingly, of course, looking upon it only as a little nocturnal diversion and calculated to keep her from getting lonely.

So in this way the work goes on and she is rewarded by seeing her patient coming back to health, and finally the day of her departure arrives. Then she receives her compensation for services rendered and she hears these words spoken, 'How well paid nurses are! They earn their money so easy!' But, being an agreeable person, she only smiles and keeps her peace. Homeward bound she wonders where her next duties will be and if like experiences await her.

"But, breathing for a short time the air of freedom, she begins to wonder what kind of a Summer hat she will get. What styles are in coats this year, who has been married, etc. Finally, what play is on at the theatre tonight. For, you see, she is very, very human after all."

Next evening the graduating exercises were held in the Baptist Church. At the close of the exercises a reception was held in the church parlors, at which a large number attended. Ice cream and cake were served and a pleasant social time spent.

## Philadelphia, Pa.

The graduating class of the Philadelphia Lying-In Charity Hospital held their commencement exercises on Tuesday evening, May 12, 1908, at 8 P. M., in the New Century Drawing Room. The exercises were opened with a prayer by the Rev. Dr. Benson, two solos were rendered by an accomplished singer, an elocutionist gave a few recitations, and the Rev. Dr. Tompkins addressed the graduates. Mr. Purves, the president of the hospital, also gave a short address, and presented diplomas to the eleven graduates. Refreshments were served and dancing followed.

The gràduates were: Miss Sara R. Bergey, Palm, Pa.; Miss Elinor M. Dristoll, Brooklyn, N. Y.; Miss Minnie J. Caughey, Christiana, Pa.; Miss Caroline G. Hall, Princeton, N. J.: Mrs. Anna M. Davis, Williamsport, Pa.; Miss Lulu M. Keim, Bethlehem, Pa.; Miss Sayre A. Perry, Scranton, Pa.; Miss Edella C. Frantz, Lehighton, Pa.; Miss Elizabeth M. Ryan, Norristown, Pa.; Miss Edna P. Smith, Eller slie, Md.; Miss Rose M. Myers, Doylestown, Pa.

The Alumnae Association of Nurses of the

Lying-In Charity Hospital of Philadelphia gave a reception to the graduating class of 1908 at the hospital on May 6, from 8 to 10 P. M. The nurses had a very pleasant time, an elocutionist recited two very interesting poems, popular airs were played by an orches tra, and refreshments were served, which was followed by dancing.

The graduates of the Kensington Hospital for Women, of No. 136 Diamond street, Philadelphia, have recently formed a Nurses' Alumnæ Association. So far we have had three meetings, the meetings being held in the nurses' home at the hospital every third month. The association was organized with fourteen charter members. At the present writing we have thirty-five members, with the following officers: Miss Margaret Maloney, honorary president; Miss Elizabeth Scanlan, president; Miss Elizabeth Kinder, secretary, and Miss Alice Craig, treasurer.

### Williamsport, Pa.

The regular monthly meeting of the Alumnae of the Williamsport Hospital was held at the nurses' home at 3 P. M., May 29, 1908. Nominations and 'election of officers were held on the same day. Mrs. Crowe was re elected as president, Miss Petit elected as vice-president, Mrs. Gundrum re-elected as secretary, Miss Simmons re-elected as corresponding secretary, Miss Sallada as treasurer and Miss Hipple as assistant corresponding secretary. It was moved and seconded that a vote of thanks be tendered to Mrs. H. C. McCormick for her many kindnesses to us as pupil nurses and her continued interest in the welfare of the nurses at each commencement, and her munificent gift of the nurses' home, with its many comforts and conveniences, which we all enjoy, and wish her many, many years of happiness.

### The Crotona School.

Perhaps there are some trained nurses mu sically gifted who will be glad to learn of the Crotona School of Music and Philosophy at Croton-on-Hudson, N. Y. This school is the outcome of the work of the National Society of Musical Therapeutics, founded by

Miss Eva Augusta Vescelius, the object of which is the study and advancement of music in its relation to life and health, and to promote the intelligent employment of music in homes of the sick and in hospitals and asylums. The Summer session of the school is from July 1 to September 10, and further information may be obtained by addressing Miss Eva Augusta Vescelius at the school.

### Buffalo Nurses' Association.

Miss Nellie Davis, the newly elected president of the Buffalo Nurses' Association, is losing no time in planning the work for the coming year. Two meetings have been held of the executive board and all feel enthusiastic to make this one of the best years in the history of the organization. The first board meeting was held at the home of the vice-president, Miss Kate Kennedy, and the chairmen of the standing committees were appointed by Miss Davis. They are as follows: Finance, Mrs. Harriet Dorr Storck; programme, Mrs. S. G. Boyd; social, Miss Sylveen Nye.

Miss Anna Foster, a graduate of the Erie County Hospital, and Miss C. M. Weaner, a graduate of the Buffalo General, have gone to reside in Los Angeles, Cal.

Mrs. Harriet Dorr Storck represented the Buffalo Nurses' Association at the meeting of the Western New York Federation of Women's Clubs, held at Belmont. Mrs. Storck will present a report of this meeting at the September meeting of the association.

Miss Antoinette Johns, of St. Mary's Hospital, of Rochester, has located in Buffalo.

Miss Margaret Howley is spending her vacation at Peterboro, Ontario.

Miss Adelaide Marsden is at her Chautauqua cottage for the Summer.

Miss Anna Crotty is at Mt. Clemens, Mich.

### Dayton, Ohio.

The last monthly meeting for the Summer of the Graduate Nurses' Association of Dayton and vicinity was held June 17 in the nurses' home at the Miami Valley Hospital. The officers elected at the last meeting were installed. After the reading of a paper on "Current Events" by Miss Anna Nichtern, the following nurses took their offices: Miss Ella Phillips Crandall, president; Miss Mary Kemp, first vice-president; Miss Anna Nichtern, second vice-president; Miss Freda Gaiser, secretary; Miss Crete Zorn, corresponding secretary; Miss Mary Christy, treasurer; and councillors, Miss Ida Boyce and Miss Nina Weith. The next meeting of the association will not be held until the third Wednesday in October.

### Camden, N. J.

The annual banquet of the Alumni and Alumnae Association of the New Jersey Training School for Nurses was held June 15 at No. 307 South Third street. An elaborate menu was provided.

## Rockford, III.

The graduating exercises of the Rockford Training School were held Thursday evening, May 28, 8 o'clock, at Mendelssohn Hall.

Nine nurses received their diplomas and were welcomed into the Alumnæ Association of the school.

The graduates were: Hylah Ray Bender, Ethel May Bliss, Sophia C. Hotzel, Carrie C. McGrath, Lulu Irene Wilson, Kathryn Marie Prindiville, Myra Margaret Bausch, Ethel E. Bailey, Edyth Chardley.

The alumnæ held their annual banquet Friday evening, May 29, at which the graduating class were guests of honor.

The business meeting of the Alumnæ Association followed the banquet, at which the following officers were elected: Nellie Snyder Hanford, president; Ida Sullivan Culhane, vice-president; Nettie Yates Stocking, secretary; Hetty Miller Van Epps, treasurer.

### Jacksonv.lie, III.

The third annual commencement of the Training School for Nurses of the Illinois Central Hospital for the Insane was held June 19, 1908, in the hospital chapel.

The Board of Trustees, the medical staff and the graduating class marched in in a body.

The addresses of the evening were made by

Hon. William C. Graves, of Springfield, secretary of the State Board of Charities, on "New Public Charity Epoch in Illinois," and Dr. Frank P. Norbury, of Jacksonville, on "Individual Nursing."

Hon. Chas. H. Williamson, of the Board of Trustees, with a few very appropriate remarks, presented the diplomas to the following graduates: Nellie Carmody, Veronica Mc-Entee, Molly Murry, Corah Simmons, O. L. Sooy and S. C. Crispin.

After the exercises the graduating class was given a reception by the superintendent.

The Alumnae Association of the Illinois Central Hospital for the Insane held its annual meeting June 20, 1908. An interesting talk on "The Power of Organization" was given by Dr. E. L. Crouch. The election of officers for the following year then took place. Five new members were admitted into the society.

### Minneapolis, Minn.

The Hennepin County Graduate Nurses' Association held its regular monthly meeting Wednesday, June 10, at 3 o'clock p. m., on Third avenue south. Following the business meeting, Miss Edith P. Rommel, R. N., president of the association, gave a talk on the Convention of the Nurses' Associated Alumnae of the United States, held at San Francisco in May. Miss Rommel was sent as Minnesota State delegate, as well as representative of Hennepin County Association. Her report in detail, from the time she left Minneapolis until her return, was very interesting and enjoyed by the forty nurses who were present at the meeting.

At the June meeting of the Graduate Nurses of Minneapolis, held at the residence of Dr. Marion A. Mead, Mr. Charles E. Leigh, president of the Lavoris Chemical Co. of Minneapolis, presented to the body of nurses agross standard size bottles of "Lavoris" Mouth Wash, which was greatly appreciated by the nurses.

Miss Augusta M. Crisler, R. N., treasurer of Hennepin County Graduate Nurses' Asso-

ciation, is in California for a few weeks with a patient.

Miss L. Louise Christensen, R. N., secretary of Hennepin County Association of Graduate Nurses, has returned after an absence of several weeks in Iowa, to take up her regular duty as well as acting as treasurer during the absence of Miss Augusta M. Crisler, R. N., treasurer.

The annual meeting of the Minnesota State Board of Nurse Examiners was held in Minneapolis, June 9, at the residence of Miss Edith P. Rommel, R. N., president of the board. Present were: Miss Edith P. Rommel, R. N., president; Miss Helen M. Wadsworth, R. N., secretary; Miss Bertha Johnson, R. N., treasurer; Miss Eleanor J. Hamilton, R. N.; Dr. Jennette M. McLaren and Miss Grace Watson, R. N., the new member of the board elected to fill the vacancy made by the resignation of Miss Hamilton. Miss Watson is a graduate of the City Hospital of Minneapolis, and now superintendent of the Training School of Northwestern Hospital.

The officers of the Examining Board were re-elected: Miss Edith P. Rommel, R. N., president, Minneapolis; Miss Helen M. Wadsworth, R. N., secretary, St. Paul; Miss Bertha Johnson, R. N., treasurer, St. Paul.

Fate has decided that Minneapolis should have the 1909 convention of the Nurses' Associated Alumnae of the United States. Minneapolis and St. Paul both wanted the convention, and as the National Associated Alumnae chose Minnesota as the place of the next meeting and did not mention the city, the only way to come to a decision in regard to a definite place was to draw lots and let fate decide. And fate favored Minneapolis.

A meeting was held at the home of the president of the Minnesota Alumnae Association, Mrs. Alexander R. Colvin, in St. Paul. Present were the members of the Ramsey County Graduate Nurses' Association, whose president is Miss Mary Wood; the members of the Hennepin County Graduate Nurses' Association, the president of which is Miss Edith Rommel, and members of the Alumnae Association. They decided then and there to draw

lots as the only way to avoid friction, as both cities wanted the gathering. Mrs. Colvin chose Miss Wood and Miss Rommel to be Fate's mediums, and wrote on one slip of paper the name of St. Paul and on another that of Minneapolis. Miss Rommel held the slips and Miss Wood drew, and it came to pass that St. Paul decided, unknowingly, however, in favor of Minneapolis.

#### Independence, lowa.

The seventeenth annual commencement exercises of the Training School for Nurses occurred at the Independence State Hospital, Independence, Iowa, Friday evening, May 29, the class consisting of twenty-one nurses and nine attendants. The chapel was crowded with an appreciative audience who received with hearty applause each number on the programme. The stage was artistically decorated with palms, potted plants and cut flowers, while the class colors, maroon and old gold, and the class motto, "Ever Ready," occupied conspicuous places. The programme opened with an overture by the hospital orchestra, the remainder of the entertaining programme being as follows: Essay, "General Nursing," Miss Pear Wagner; essay, "Typhoid Fever and Its Care," Miss Stacia Sullivan; essay, "Ventilation," Miss Mae Wagner; music, Melophone Solo, Miss Bartloe; essay, "To the Amateur Nurse." Miss Agnes Boots: essay, "When There's a Will There's a Way," Miss Matilda Busse; paper, "Value of a Nurse to a Physician," Elizabeth Weig; essay, "The American Woman as a Nurse," Miss Weinberg; music, Vocal Solo, Miss Van Meter; essay, "What a Nurse Should Be," Miss Mary Quinn; "Class Prophecy," Katherine Kauten; paper, "Diphtheria," Mrs. Francis Monk; paper, "The Reception of a Patient," Miss Elizabeth Kirby; class address, "Influence," Rev. A. M. Levack; address and presentation of diplomas by Supt. Dr. W. P. Crumbacker; music, Hospital Orchestra; benediction, Rev. Levack.

#### Des Moines, Iowa.

June 15 the Graduate Nurses' Association of Des Moines held its final Summer meeting in the Y. W. C. A. parlors. The association decided to hold a bazaar the coming Autumn,

the proceeds of which will be employed to furnish a linen closet for the visiting nurses employed by the Visiting Nurses' Association, which is preparing to employ one or more nurses to care for the sick poor. It was also decided to hold several picnics during the Summer. The resignation of Acting President Miss Luella Bristol, who has moved her residence to Sioux City, was received but not acted upon.

#### Iowa City.

June 17 the Homeopathic Hospital and the University Hospital Training Schools for Nurses, in connection with the State University of Iowa, at Iowa City, held their graduation exercises jointly at the University commencement. Eight young ladies composed the class from the Homeopathic School and eleven from the University Hospital School.

#### Augusta, Ga.

The largest audience that has ever been present at the graduation of the City Hospital nurses attended the exercises May 19. Eight nurses received the diploma of the institution.

After an orchestral number Dr. J. T. Plunket made the opening prayer. Announcement was then made of the class honors. In naming those who won the honors Dr. T. E. Oertel said that as a whole the average of the entire class was exceedingly high and that the honor graduates had won by only a fraction or so. Miss Hattie Lou Culbertson received first honor, Miss Lila Zoe Arthur second and Miss Lillian Emily Clerc third.

Dr. Oertel, in behalf of the faculty and governing board, then delivered the diplomas. Each nurse was dressed in pure white and each one carried a large bouquet of deep red sweet peas tied with black and red ribbons. The effect obtained was very pretty. The class prophecy was read by Miss Hattie Lou Culbertson. It was a clever piece of class literature.

Dr. L. A. Baker sang the solo, "Face to Face," in a very impressive manner, after which the Last Will and Testament of the class of 1908 was read by Miss Sarah Latham. Many and sundry things were bequeathed by the departing class to their junior sisters, to

the hospital, to the faculty and to the governing board.

Miss Lillian Emily Clerc read the valedictory of the class.

Dr. T. E. Oertel then introduced Dr. Richard Wilkinson, who delivered the oration.

Following the oration Dr. J. T. Plunket pronounced the benediction. The friends present were invited to meet with the graduates in the rooms above.

The guests left at a late 'nour after having spent a most enjoyable evening.

The superintendent is Miss Mary A. Moran, of the class of '99, of Philadelphia Hospital.



#### Married.

Dr. Jesse Havis Riley and Miss Sena Elizabeth Sims announce their marriage on Tuesday, June 30, at Augusta, Ga. Mrs. Riley is a graduate of the Hotel Dieu, New Orleans, and was recently in charge of the operating room at the City Hospital, Augusta, Ga.

Miss Edith A. Francis, a New York State registered nurse, was married to Mr. Lewis C. Van Wagner, of Fishkill-on-the-Hudson, July 5. Mrs. Van Wagner is a graduate of St. Luke's Hospital at Newburg, and a post-graduate of Dr. Bull's Private Sanitarium of New York City.

Announcement is made of the marriage of Miss Anna M. Simonson and David T. Scudder, June 18, at New York City. Mr. and Mrs. Scudder will be at home after July 15 at Binghamton, N. Y.

One of the most interesting of the many June weddings in Des Moines was that of Miss Mable Alice King and Dr. Malcolm Royal, which took place at the home of the groom's parents, Dr. and Mrs. George Royal. The marriage was characterized by its sim plicity and impressiveness.

The guests, who numbered thirty, included only relatives and intimate friends, and were received by the parents of the groom and Mr. A. F. King, father of the bride.

In the east parlor, before the windows, a canopy of bride's roses and smilax was ar ranged and draped to the sides with white ribbon. Here the bridal couple, unattended, at 7:30 o'clock, spoke the marriage vows before the Rev. Dr. Stephens, of the North Park Congregational Church. Following congratulations refreshments were served in the pretty rose-decorated dining-room.

The bride is an attractive and lovable young woman, a daughter of A. F. King, of Bellmont, Ia., and has made her home in Des Moines for several years. She was graduated from the Homeopathic Hospital School for Nurses, Iowa City, June, 1907, and since then has practised her profession in her adopted home.

Dr. Royal is a son of Dr. George Royal and wife, pioneers of Des Moines, and is a young man of sterling worth. Dr. and Mrs. Royal will be at home during the Summer at 1134 Sixth avenue, Des Moines.

Married at the home of the groom's parents, Mr. and Mrs. Stewart Walters, in Ordway, Col., Beatrice Coleman, daughter of Mr. and Mrs. W. F. Coleman, of Columbus, Ohio, and Mr. James W. Walters of Cheraw, Col. The bride is a well-known trained nurse, a gradu ate of the Methodist Hospital, Des Moines, Iowa, where she has resided for several years, making a large circle of friends who will be interested in the announcement of her mar riage. Mr. and Mrs. Walters will make their home in Cheraw, where the groom is located in business.

Miss Murrell Wright, graduate of an Eng lish school of nurses, doing duty privately in Otbow, Sask, was married not long since to Mr. Robert Sterling Jackson, son of a phy sician in the army. The residents of Otbow are glad that they do not lose her personally if they do professionally.

At St. Mark's Episcopal Church, Cheyenne, Wyo., on June 6, 1908, occurred the marriage of Bertha Edith Toll to Hardin L. Anderson, Dr. Rafter officiating. Miss Toll was originally from Kent County, Ontario, but graduated with the 1907 class of St. John's Hospital, Cheyenne, and has been in private work almost a year. In that time she had gained the respect and confidence of the medical profession, as well as laity. Mr. Anderson is

### Summer Intestinal Disorders

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the much-respected superintendent of the Wyoming Division of the Union Pacific, They will be at home to their friends at 405 East Seventeenth street, Chevenne, after July 1, F008.

At Reading, Pa., on April 20, 1908, Miss Etta Rebecca Huber to Mr. Walter H. Artz, of Hazleton, Pa. The bride was a graduate of the Pottsville Hospital Training School, in the Class of 1905, Pottsville, Pa., and was a most successful and well-known nurse.

At South Bethlehem, Pa., in January last, Miss Geneva L. Smith to Mr. R. Ritter, of that city. The bride was a graduate of the Pottsville Hospital Training School, in the Class of 1902, Pottsville, Pa.

At Knoxville, Tenn., June 1, 1908, Miss Sue Ruth Russel to Dr. C. S. Kinzer. Miss Russel graduated at the Pottsville Hospital Training School, in the Class of 1904, Pottsville, Pa.

In New York City, February 9, 1908, Miss Mae Bailey to Dr. Charles Stone. Miss Bailey was of the Class of 1907, Methodist Episcopal Hospital, Brooklyn, N. Y.

Miss Letitia A. Leighty, graduate of the Connecticut Training School for Nurses, Class of 1903, was married to Mr. George W. Freiday, June 3, 1908. They will be at home after July 1, at South Windham, Maine.

At Indianapolis, Ind., July 2, Mr. Harry Woollen to Mrs. Marguerite Salter, late chief nurse (Army Nurse Corps) Division Hospital, Manila, P. I. Mrs. Woollen was graduated from the New York City Training School for Nurses, Blackwell's Island, in 1890, and was a member of the Army Nurse Corps for nearly seven years.

July 1, at Washington, D. C., Trinity Chapel, Minnie T. Turner, R. N., to Mr. Sydney L. P. Dunott. Mrs. Dunott is a graduate of New York Infirmary for Women and Children, class of '07. They will reside in Baltimore, Md.

#### Born.

On June 4, 1908, a daughter to Mr. and Mrs. Harry Brearley. Mrs. Brearley was of the Class of 1905, Methodist Episcopal Hospital, Brooklyn, N. Y.

July 2, 1908, at Lawrence Hospital, Columbus, Ohio, to Mr. and Mrs. Homer E. White, a seven-pound baby girl.

Mrs. White, nee Dollie Smith, is a graduate of the Lawrence Hospital Training School

for Nurses, 1906.

#### Personal.

Miss Emma Yeager, formerly of Des Moines, has gone to Guthrie-Center, Iowa, to take charge of Dr. O. Fordyce's private hospital.

Miss Catherine E. Moran, Class of 1904, Philadelphia Hospital, has accepted a position as superintendent of South Mississippi In firmary, at Hattiesburg, Miss. She entered upon her duties July 1.

Miss Mary E. Roche, graduate of the Connecticut Training School for Nurses, Class of 1901, graduated from the Woman's Medica! College of Baltimore, May 28. The alumnas of the Training School extend best wishes to Dr. Roche.

Mrs. Lillie H. Marshall, one of the instructors at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, is going for an extended trip to Europe to study latest methods in mechano-therapy. The knowledge gained abroad will, upon her return, be incorporated in the courses of instruction at the above institution.

Miss Julia C. Wight, of New Hamburg, N. Y., and Miss Delphina E. Capling, Cannington, Ontario, Canada, both resident nurses at the Wellesley College Hospital, Wellesley, Mass., have gone to Philadelphia to take a course in the Swedish system of massage, gymnastics, electro and Hydrotherapy at the Pennsylvania Orthopædic Institute and School of Mechano-Tnerapy, Philadelphia.

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Miss Margaret E. Bates, of Columbus, Ohio, who was called to Bucyrus, Ohio, to nurse a patient, four weeks ago, has returned home.

Miss Ceasrie M. Wernet, who has just completed a two years' course in the Lawrence Hospital Training School, Columbus, Ohio, will return to Canton, Ohio, her home, for a much needed rest, after which she will take up her work again as trained nurse on private duty.

Miss Winona Peterson, superintendent and nead nurse of the Lawrence Hospital, Columbus, Ohio, for the past three years, has gone to St. Louis, Mo., her home, for a much needed rest and vacation.

Miss May Leist, graduate of Columbus, Ohio, State Hospital Training School, class of '06, has gone to Chicago to take a post graduate course in the Illinois Training School for Nurses.

Miss Lavenia Hutt, a graduate of the Posse Gymnasium, 1903, and for a number of years assistant in Dr. E. G. Brackett's Gymnasium, in Boston, Mass., is taking this summer the courses in the Swedish system of massage, medical and corrective gymnastics and electrotherapeutics at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, Pa.

#### Obituary.

We are sorry to report the sudden death of Mrs. Murrell Wright, which occurred on June 4. Mrs. Murrell Wright came from England about five years ago and opened a small, private hospital in Otbow. Much sorrow is felt at her sudden death by those whom she helped, so skillfully during illness. We tender our sincere sympathy to her daughters, Mrs. Jackson and Miss Laura Murrell Wright, in their hour of sorrow.

We regret to announce that Mrs. John Nichols, nee Lillian Carruthers, graduate of the Metropolitan Hospital Training School, B. I., Class of 1906, died at her home in Philadelphia on May 15, 1908, after a very severe illness.

Whereas, it has pleased our Heavenly Father to relieve her of her sufferings, be it therefore

Resolved, That we, as an Alumnae Association, express our deepest sympathy to her immediate family, and be it further

Resolved, That a copy of these resolutions be sent to her family, also entered on the minutes of our association and sent to the "Trained Nurse."

CAROLINE MACDEVITT,
LAURA BROWN,
HELENE D. BENGTSON,
Committee,

Died, at her home, Hoboken, N. J., April, 1908, after eight days' illness of typhoid fever, Edna M. McLaren, a graduate nurse of Mountainside Hospital, Montelair, N. J., Class of 1807.

Whereas, our Heavenly Father has, in His infinite wisdom, taken to His fold our friend and sister,

Therefore, be it

Resolved, That we, the members of Alumnae Association of the Mountainside Hospital desire to express our sincere sorrow and extend to her family our heartfelt sympathy in their bereavement.

Resolved, That a copy of these resolutions be sent the family of our deceased sister and the various magazines, and that a copy be spread upon the minutes of the Alumnae.

MISS TODE,
MISS GAUATT,
MISS GUTHRIE,
Committee.

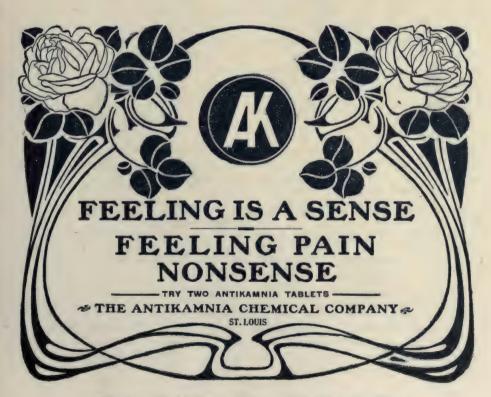
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## The Hospital Review

#### The Hospital for Children.

The report of the Laura Franklin Free Hospital for Children contains, besides the statistics relating to the institution, a number of comments and comparisons that are of general interest. In commenting on the cost of "When we maintenance the report says: come to per capita cost we are met by the same old statement that 'children are less expensive to care for.' Now, we burn just as much coal in our boiler room, our engineer is just as tall, it takes just as much gas to light a room, our kitchen range is just as large, also ice-boxes, the operating room expenses are the same, etc., as though the wards were filled with men and women, children of a larger growth. As to food, we have never supported a child on the theoretical difference. Here children are weighed weekly and are expected to gain even under adverse circumstances. \* \* \* There is an unwritten law that hospitals must keep abreast of the public demands. Luxuries have become necessities, while 'comparisons' are no longer odious to the universal mind. These facts were exemplified by one of our small boys, who had to leave his happy home for an operation. When his mother said good-bye he wept bitterly; but later, when she came to take 'nim away, he refused to go, as 'she had no telephone, no elevator and no hat.' Again we were electrified by the needs of a New York cat. The gas had been left burning in a room till a late hour 'so the cat could see to catch a mouse."

In the training school report it is stated that "The school was started as an educational venture, not to furnish cheap hospital labor. It caters to the younger women (age limit from eighteen years up), who are physically equal to the normal requirements of training school life, but who would not be able to stand the strain of three years' strenuous work in our large general hospitals; to deficient young women who demand individual training, and their companion pieces who

need the patience of others and are 'slow but sure'; to the carefully reared young woman who has 'always wanted to be a nurse,' but cannot gain the consent of her mother until they compromise on a children's hospital. Gathering material from these classes is more arduous, but the results are most gratifying. \* \* \* We, like other schools, have felt the wave of the two years' course sweep by. Sometimes we have felt like 'Bill Nye' on the silver question: 'Yes, I know I spoke on the other side last year, but I can talk on one side as well as the other and the pay is better on this side this year.' Personally we find it hard to crowd the amount we give into two and a half years-three would be more satisfactory."

#### American Hospital Association.

The following is the preliminary announcement of papers to be presented at the tenth annual conference of the A. H. A., to be held at Toronto, Canada, September 22-25:

"The Inspection of Nurse Training Schools, Its Aims and Results," Miss A. L. Alline, inspector of Nurse Training Schools, New York: "Some Problems of the Training School for Nursing," Miss M. A. Nutting, Teachers' College; "Relation of the Training School to Hospital Efficiency"; "Report of the Sub-Committee on the Training of Nurses," Rev. A. S. Kavanagh, D. D., of the Methodist Episcopal Hospital, Brooklyn; "Report of Sub-Committee on Hospital Efficiency, Hospital Finances and the Economics of Administration," E. S. Gilmore, Wesley Hospital, Chicago; "A Layman's View of Hospital Work," J. Ross Robertson, Hospital for Sick Children, Toronto: "The Visiting Committee as an Aid to the Safe Conduct of Public Hospitals," Mrs. George S. Bixby, New York City; "Problems in the Management of Small Hospitals," Theo. R. MacClure, M. D., Salvay General Hospital, Detroit; "Some Scientific Aspects of Hospital Management," John A. Hornsby, M. D., Michael Reese Hospital, Chi-

### Diet in Intestinal Diseases.

The "heated term" is always associated with an increase of intestinal diseases—acute catarrh, diarrhoea, gastric disturbances, etc.

Diet plays a very important role in the treatment of these disorders, as every well informed physician knows, and cures can often be effected by diet alone, when without this mode the disease may become intractable.

The very organs—stomach and intestines—where nutriment is digested and absorbed, being involved, require the administration of such food as will quickly nourish the patient and at the same time tax the special organs involved with the *least* functional effort.

In theory, confirmed by a decade of practical experimentation, the most available food preparation in intestinal diseases, is grape-nuts in combination with milk or cream. In those feeble patients where the digestive powers are very low and where depletion of the general strength from loss of body fluids is found, it is advisable to begin with grape-nuts dissolved in hot water and the liquid poured off after 10 or 15 minutes "soaking," for use with milk or simply alone.

This "liquid grape-nuts" will be found of great value in young children and even infants, when the usual "prepared foods" are not retained. As soon as the food itself in small and increased amount can be taken with milk or cream, the building-up process is increased.

Grape-Nuts contains nothing but whole-wheat and barley with a small portion of compressed yeast and salt. It is baked from 10 to 16 hours and is absolutely sterile—hence is an ideal food for intestinal diseases.

The process of its manufacture is graphically given in the new "Clinical Record," prepared for the bedside use of the busy doctor. If you have not yet received *your* copy, Doctor, it will be sent you with your name in gold letters on cover; also liberal sampels of grape-nuts and postum, on receipt of your name and address, sent to

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cago; "Trained Housekeepers," . Miss M. U. Watson, director Home Economics, Macdonald Institute, Guelph, Canada; "The Relation Between the Superintendent and the Staff," Miss E. M. L. Patton, Grace Hospital, Toronto; "Report of Sub-Committee on Uniform Accounting," C. Irving Fisher, M. D., Presbyterian Hospital, New York; "Note on the Enlistment of Government Indian Ladies as Nurses," J. Edward Stohlmann, Jr., German Hospital, Brooklyn; "Co-operation in Dispensary Work as Exemplified by the Association of Tuberculosis Clinics of New York," James Alex Miller, M. D., president Association of Tuberculosis Clinics, New York; "Report of Sub-Committee on Out-Patient Work," John M. Peters, M. D., Rhode Island Hospital, Providence; "Out-Patient Work at the Massachusetts General Hospital," Frederic A. Washburn, M. D.; "Out-Patient" Work at the Worcester City Hospital," Thomas Howell, M. D.; "Out-Patient Work at the Massachusetts Homeopathic Hospital," W. A. Mann, M. D.: "Report of the Sub-Committee on Hospital Construction," J. N. E. Brown, M. D., Toronto General Hospital; "The Municipal Hospital Architecture of the City of New York," Raymond F. Almirall, architect, New York City; "The Planning and Construction of Hospitals for Smaller Cities and Towns," Meyer J. Sturm, architect, Chicago; "Report of Sub-Committee on Medical Organization and Medical Education," Joseph B. Howland, M. D., Massachusetts General Hospital; "Infectious Diseases in General Hospitals," Robert I. Wilson, M. D., superintendent of hospitals, Department of Health, New York; "The Hygiene of Infectious Diseases in Medical Wards," D. L. Edsall, M. D., University of Pennsylvania; "Hospital Treatment of Contagious Diseases," Charles Sheard, M. D., medical health officer, Toronto.

#### Des Moines, Iowa.

Short dedicatory services were 'neld June 13 for t'ne new nurses' home in connection with the Iowa Methodist Hospital, Bishop W. F. McDowell giving the dedicatory taddress and Bishop David Moore the dedicatory prayer. The new home, which has just been completed at a cost of \$30,000, is estimated to be one of the most complete and convenient homes of its kind in the State. It was

threwn open to the public for inspection; a large number of books for the library and pictures for beautifying the interior were donated by visitors. The old home, lately vacated by the nurses, is being torn down, the site to be used for a \$40,000 addition to the hospital, which will be constructed during the present year.

#### Boone, Iowa.

A large, strictly modern addition is contemplated soon in connection with the Eleanor Moore Hospital, Boone, Iowa.

#### Helena, Mont.

Work will be begun at once on the new structure of what is now known as St. Peter's Hospital, which is to cost \$100,000. The name will be changed to the Henrietta Brewer Memorial Hospital, in memory of the late wife of Bishop Brewer.

#### Dr. Adolf Meyer.

The faculty of Johns Hopkins University elected Dr. Adolf Meyer, of New York, to the directorship of the Henry Phipps Psychiatric Clinic, which Mr. Phipps recently endowed with \$750,000. Dr. Meyer has accepted. It has been arranged for Dr. Meyer and the architect, M. Atterbury, of New York, to go abroad at an early date to study the construction and organization of the leading European psychiatric clinics.

Dr. Meyer has been since 1902 director of the Pathological Institute of the State Hospitals of New York, situated on Ward's Island, New York City, and since 1904 professor of psychiatry in the medical department of Cornell University, New York. He is also president of the New York Psychiatric Society.

#### Worcester, Mass.

Memorial Hospital, Worcester, Mass., is about to enter on a new era in its history. Four new buildings are under construction; a heating, power and laundry plant to cost \$35,000; a children's ward, \$80,000; a maternity ward, \$40,000; a ward for private patients, \$40,000. The maternity ward has been made possible by a gift of \$40,000 from Mr. Charles H. Morgan, of Boyleston, Mass., while a gift of a similar amount from Mr. George L. Newton, of Worcester, almost at the same time, rendered possible the construction of the building for private patients.



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## The Best Food for an Infant

Death and sickness among babies are due for the most part to improper feeding. The best food for an infant is its mother's milk. When circumstances deprive the child of its natural food the practitioner is confronted with the problem of supplying a muscle-making, fat-forming, bone-building food in a readily assimilated form.

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is a perfect nutriment for babies, scientifically prepared. The principal element in woman's milk is Sugar of Milk. Only pure Milk Sugar is used in Lactated Infant Food, the nearest approach to Breast Milk known and an ideal food for the child that supplies its every need. Liberal samples on request.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses. WELLS & RICHARDSON CO. BURLINGTON, VT.

## The Editor's Letter-box

#### Large or Small Training Schools.

To the Editor of the Trained Nurse:

The two very able articles—one, "An Unorthodox Opinion on Registration," by Charlotte A. Aikens, appearing in the May number, and "The Question of Affiliation of Training Schools, from the Small Hospital Standpoint," by "An Observer," appearing in the June number—have prompted the thoughts which I shall endeavor to put before the readers of this most valued journal.

I agree with Miss Aikens that registration is the proper thing for all graduate nurses, but when nurses from large hospitals and also some doctors look with suspicion upon graduates from small institutions it is time some one rose in protest and in defense of same. I am a graduate of a small hospital, and want to say most emphatically that they are just as capable of sending out efficient nurses as the larger institutions. I graduated five years ago and have since done considerable hospital work, where graduates were employed for staff work, and will here quote just one instance which came under my observation.

A registered nurse from one of the popular, larger hospitals was called upon to administer hypodermoclysis to a post-operative patient, in consequence of which the patient had several abscesses to nurse along with all her other troubles. I do not wish to condemn large hospitals; in fact, to me there is noth ing grander than a large, well-conducted institution. If registration, professional ethics, etc., were all viewed from a broad-minded basis this nursing world would indeed be a paradise. Give all nurses a fair chance, be they from large or small, two or three years' course training schools; give them a chance to prove themselves worthy of their noble profession, and if they cannot, it is then time enough to condemn and pass judgment upon them. Hoping that this may prove beneficial to some of the so-called "Professional Snobs,"

A CALIFORNIA NURSE.

#### Favors the Three Years' Course.

To the Editor of The Trained Nurse:

So much is being said about the two and three years' course in nursing; and it seems to me a hard problem to solve, as there are so many things to be considered-so many sides to the question. I am quite sure it is the same in nursing as in all other professions, that one cannot learn it all in a lifetime; but it seems to me that there is more to be gotten out of a three years' course than two years in the same school. There is so much class work and studying during the first two years; so it seems to me that the third years should be given to nursing critical cases and bearing some of the responsibilities of the head nurse. As a rule, the small institutions employ only one graduate nurse, and her duties are many, so it is often necessary to depend on a senior nurse. Her third years will not be wasted if she shows her willingness and desire to learn. As to the course being hard on the pupil, if she enters the school in good condition as a rule she will find on finishing that she is even stronger and better in many ways. But one must be strong and well physically, and I assure her she will be happy during the three years' course.

The Trained Nurse is a great help, and it gives me so much news of other schools and nurses. I like to know where friends are, and so I read the Nursing World with much pleas ure. Sincerely, Josephine Shields.

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#### Nervous Babies.

To the Editor of the Trained Nurse:

I have been interested in the papers contributed on the care of babies. There is one point which has not come under my observation in all the books and papers read.

All who have had the care of babies must have noticed a difference in those of the same family as to crying. Some are wakeful, fretful and crying, while others are sleepy and comfortable. My experience has been that the

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crying baby, who used to be called colicky, is the firstborn, and in childhood and adult life develops a nervous temperament, that feels the care of things and frets and worries. The second born in the same family will be the opposite as a babe, and also develop opposite temperament.

Some people object to calling a baby nervous, but they are born with nerves, which evidently are not in the same condition in all individuals in later life, and why not differ in the beginning? A child's only expression of any uncomfortable feeling is a cry. F. E. B.

#### The Correct Position for Enemata.

To the Editor of the Trained Nurse:

Some time ago I noticed an inquiry in the magazine in regard to the correct position in giving enemata. This question arose in our school, and Dr. Benjamin F. Bailey, in one of his lectures, gave us the reason for using the right-side position, when, in all our text-books, nothing has ever been said in regard to the right side.

In using the low enema the time-honored position on the left side is certainly correct, as the fluid used in the enema, immediately after leaving the tube, by the natural force of gravity follows the trend of the colon, via the sigmoid flexure to the left. On the other hand, when the high, rectal tube is used this passes so high in the bowel that the water, on leaving the tube, will naturally, with the help of the force from behind, namely, by the elevation of the water bag, be impelled to the immediate vicinity of the turn from the de scending to the transverse colon, and will, hence, be uninterrupted in its course; whereas, if the enema is given with the high, rectal tube, the patient in the left position, the tendency is to force all water or fluid, upon leaving the tube, to make progress against the force of gravity and with the least obstruction it will certainly result in a thorough filling of the lower bowel before the passing of water or fluid through the transverse or ascending colon.

H. J. FISHER,

Superintendent Nurses, Green Gables, Lincoln, Neb.

#### Agrees with Miss Addams,

To the Editor of The Trained Nurse:

I have just read the article in my February number by a sister nurse, who thanks Miss Addams for her paper, "A Layman's Views of Hospital Work Among the Poor," and feel that I would like to give an experience of my own.

Two years ago I was a patient in one of Maine's best private hospitals. One night the thermometer was four degrees below zero, and do his best the fireman could not keep the rooms warm. I was cold, and rang for the nurse to bring me another blanket. She did not answer, and I rang again; no response, and I repeated the ring. Other patients either wanted her or else kindly tried to help me out, for I heard several bells. Like most women, I began to cry.

In a moment I saw what I thought was a ghost standing in my door. I was too frightened to move or scream. There was a young girl, nearly six feet tall, weighing not more than eighty pounds, a face terribly white, with big black eyes and two long braids of black hair. But in an instant she came to the the bed and said in the sweetest voice I ever heard: "What is the matter? Tell me; perhaps I can help you." I told her I was cold, and she got a blanket, put it over me and tucked me in. "If you are not warm enough now ring again; I think the nurse will soon come." As she went I could see she held on to the wall and could hardly stand alone.

When the nurse came she said she had been working in the linen closet, for that must be but in order first. Then she asked me how I got the extra blanket, as I was not supposed to move. When I described the girl who brought it she said: "Why, that is the patient in the next room. She ought to know better, for she is a nurse and understands her case. I must talk to her." And true to her word she did talk to her, and this is the answer she received: "Yes, I am a nurse and understand my case, and I am also a patient who knows what it is to want little things done to relieve my suffering, but must wait because the rules of the hospital demand that the linen closet must be put in order first."

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

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#### Night Feeding of Babies.

To the Editor of The Trained Nurse:

What Miss Harrison said in the February number on the management of night feeding of infants is just what I have found best to do.

The benefit to the mother is so great that it pays to train the child to sleep all night. The unbroken rest of the mother enables her to nourish the child better during the day, and so it is in better condition for a good night.

If the supply of milk is normal, a child can easily overfeed from one breast and can get all it needs in twenty minutes, and some babies can in ten. When not satisfied with both breasts, the quantity and quality must be deficient, and if extra nourishment doesn't help the mother to keep up her milk, then the bottle will have to be used.

I make sure that the last feeding is a good one, at 9 or 10 o'clock, and so give baby a fair chance to sleep. If it seems uncomfortable or restless I place a hot water bag under its abdomen. This I have found would soothe and enable it to go to sleep. Be sure not to make it too warm; about 105 degrees is sufficient. Sometimes a change of position only is necessary, and laying on the abdomen is mostly a comfortable position. I have had babies sleep that way when they wouldn't in any other position.

I have reached the conclusion that a three-hour interval for feeding is more practical; first, to the mother, as she has less work and more time to rest, also less trouble with sore nipples, for mostly when a baby doesn't nurse well it chews the nipple or pulls on it in such a way that soreness and tenderness is increased considerably, with greater tendency to crack.

Second, the baby sleeps better, for often it has only just gone to sleep when it must be wakened on a two-hour interval, if an attempt is made to keep up a regular time; also it is more content when awake and free from colic.

At three weeks old I have had babies lay awake an hour at a time, perfectly happy. Then a little judicious letting alone soon enables them to form the habit of being good when awake.

I have found also that a child would soon establish the habit of using a chamber when taken up for feeding or bath. This often adds to the comfort of nursing, besides forming a good habit and helping prevent constipation when there is a tendency to it.

I lay the child across my lap with the buttocks sufficiently over the side to enable me to hold the chamber up to the child. A little coaxing will often get it to imitate and give attention, so that it will try to evacuate the bowels and will urinate nearly always.

I think nurses can do much to help the mother understand better maagement of her little ones, and it is not the least of her duties to do so.

M. HARRIS.

+

### Charging for Bathing a Patient After Death. To the Editor of The Trained Nurse:

Will you tell me through the Trained Nurse why a nurse should charge extra for bathing her patient after death?

I should say most decidedly that it is the nurse's duty to attend to that without any additional remuneration. In the hospital, while in training, we are taught to see that the body is well bathed before sending it to the morgue, and when a nurse is called on to attend to this in a public institution it seems only reasonable to expect her to prepare the body for the un dertaker when on a private case.

Among the important requisites for a nurse are kindness and sympathy, but I am sure it would not look very sympathetic of her to consider a time of bereavement the time to make an extra dollar. It would look very much as though she were taking advantage, and making the burden heavier from the financial standpoint, instead of doing all she could to help in every way at the time of sorrow and affliction. Sincerely yours,

KATHERINE R. TROY.

It is not the rule for nurses to make an extra charge for bathing a patient after death. We had a letter on this subject in the March number. Personally we have never known a first-class nurse to make this charge, and believe it to be quite the exception.

## The Dangers of Cow's Milk

HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestle Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestle's Food, we will be glad to send to any physician.

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LILLIE H. Marshall (Pennsylvania Orthopædic Institute).

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> Miss Nell Perry (Nurse), Peoria, Ill.

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Junket, as a health food for invalids and children, stands without a peer. It is easily prepared from pure milk by adding a Junket Tablet, dissolved in a tablespoon of water, and can be sweetened to suit the individual taste. Raw eggs whipped in milk before it is Junketed makes a rich, creamy dessert, which possesses great toning qualities. Ice cream made from Junket Tablets is superior to the finest French cream, and more healthful Samples of Junket Tablets, ice cream pamphlet and booklet, "Junket in Dietetics," sent free upon request. Chr. Hansen's Laboratory, Little Falls, N. Y.



#### Nauheim Baths for Heart Disease.

In the treatment of diseases of the heart the use of saline carbonated baths is nowadays highly recommended by most authorities. These baths, which have made Nauheim, the German health resort, famous, can be efficiently, conveniently and economically administered at home by the use of the Triton Effervescent Bath Salts.



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# The Trained Aurse and Hospital Review

VOL. XLI.

NEW YORK, SEPTEMBER, 1908.

No. 3.

### Training Aurses for Institutional Work\*

CHARLOTTE A. AIKENS.

(Continued from August.)

HAT is true of the business and domestic side of hospital work is true also of teaching. In almost every other kind of school except a Sunday school and a hospital school teachers are supposed to be taught how to teach. In every city of any size there are normal training schools to equip teachers for teaching this, that and the other thing. But in a hospital school the nurse is supposed to develop this teaching ability, as well as the necessary business and domestic ability, in some mysterious way-nobody knows exactly how. But she must have it. Every hospital demands a nurse who can teach. Some of them demand several such nurses. Advertisements state with great emphasis that a woman is needed who knows how to teach and train a class of nurses. They say very emphatically, "She must be a good teacher and disciplinarian." But how the average hospital graduate is to learn to be a good teacher is something we have not yet figured out. The medical man is supposed, by virtue of his medical training, to be fitted to teach nurses, even if he never taught a class in his life before. This teaching power is supposed to come

to him immediately he gets his degree. Perhaps the conferring of a diploma on a nurse is supposed in some inexplicable way to do the same thing for her. But in few, if any, other lines of education is this the case. The student must first study the subject matter and pass his examinations. Then he is expected to get some training that qualifies him to impart it to others. Is there any good reason why hospitals should not follow the same common-sense plan in equipping nurses to fill the numerous positions in our American hospital field? The Course on Hospital Economics is an excellent advance step, and those who have fostered and developed it in spite of great discouragements deserve the highest credit, but its cost, which is said to be at least \$600 a year, exclusive of clothing and incidental expenses, puts it out of reach of the great 98 per cent. of our nurses who are doing, and expect to do, institutional work. Some other less expensive means must be arranged to provide instruction along the line of institutional management for them if we are to have any general improvement in methods. University courses

<sup>\*</sup>Read at the seventh semi-annual meeting of the New England Association for the Education of Nurses. Contributed to The Trained Nurse.

have always been for the privileged few, not for the many, and most of the world's toilers in all fields of activity have had to "make good" without the advantages which a university training affords. It must be so also in our own field. Most of us must be content with less than the best. It is the next best thing which I am advocating.

The question naturally arises, "How is the time to be secured for this instruction in a hospital?" Certainly, so long as present methods are in vogue, it is next to, if not quite, impossible to get this very necessary instruction. But if we strip our nursing course of all nonessentials, if we reduce the lessons and lectures to those which a nurse actually needs in order to do efficient bedside work, we will have ample time in the remaining months to give this training for institutional work. There is a test which I call my John Smith test, which I should like to see applied to every lesson and lecture given in the nursing course. The John Smith test is simply this: Will the nurse be any better able to care for John Smith after she gets this lesson than if she never had it? If not, then why burden her with it or spend time on it? If this test were conscientiously and fairly applied by an intelligent training school committee, it would reduce materially the number of classes in a great many hospitals. It would greatly simplify the problem of training.

I do not believe that any hospital giving a two-year course should attempt to give special training for institutional work. It is clearly a separate responsibility that devolves on the post-graduate schools and the larger hospitals—on institutions that are well manned and well organized. It is to the large hospitals we naturally turn when we want nurses for institutional work, and every large

hospital has a considerable number of such calls every year.

If our course is properly planned and superfluous classes and studies of every kind eliminated, as they ought to be; if we decided to quit trying to give a modified medical course and confine ourselves to nursing, I am quite sure that all necessary instruction for bedside nursing can be given in two years. There are enough thoroughly efficient nurses in Boston who have been trained in two years to make it unnecessary to elaborate that point. I would make the probation period three months and have it exclusive of two years as a pupil nurse. If the first fifteen months are devoted to foundation subjects and practical nursing and methods, the second twelve months to the management of different diseases and conditions, we shall have by that time thoroughly capable and intelligent nurses for general work. We shall still have nine months of a customary three years' period to devote to this special training for institutional work, for which hospitals must soon assume responsibility.

One of the main difficulties in doing this is the plan of employing so largely volunteer lecturers. To control the nursing course under such conditions in most schools is practically impossible. Dr. A. is an enthusiast along one line, Dr. B. on another; Drs. C., D., E., and so on down through the alphabet, all are equally sure that the subject in which they are especially interested is the most important in the curriculum, and that a nurse cannot know too much about it. Each injects a certain amounts of superfluous matter into the classes. Ouite often the matter given is away over the heads of the nurses. Quite often the superintendent of the school herself has given little thought as to what such fectures should

consist of. The topics are announced and the different doctors are allowed, or expected, to develop these any way they choose, so long as they fill in the time allotted. In some schools probably most schools, not one meeting of these numerous medical lecturers is held in a year. How is any man to know whether he is or is not repeating or overlapping? In the college which I attended it was customary to hold a faculty meeting every week to discuss the work of the school and plan together for its im-Some such idea would be provement. worth considering in hospital schools. Under such conditions in hospitals this excess of medical instruction has developed of which so many are complaining, and which is seriously interfering with thorough training along other practical lines. If the number of medical lecturers in each school were reduced to two or three and those men were paid to do the work from year to year, a systematic plan would soon be developed for giving only the essential instruction. We would have less overlapping, fewer wild excursions into medical fields, fewer classes, better lessons and a greatly lightened burden. There would then be plenty of time to train nurses to fill institutional positions if they were willing to remain a third year. Such a course should be as separate and distinct from the general nursing course as the public school course is distinct from the high school course, and I believe it should be dignified by a special certificate.

The time surely must soon come when we shall see the absurdity and impossibility of attempting to force a little thirty-bed hospital in a mining district or a country town, or anywhere, to measure up to precisely the same educational responsibilities as the Boston City Hospital or the Massachusetts General.

The time surely must soon come when we will admit that up to a certain point the small hospitals can give a training that is excellent and satisfactory, that can be completed in two years, or thereabouts, and their inability to go beyond that point. The time surely must soon come when we will be willing to believe that where more has been given in the way of hospital facilities more educational work should be undertaken; when we will admit that the teaching of the essentials of nursing is only completing the first grade in nursing education; when we will see the needs and possibilities in hospital education that lie beyond the primary stage; when we shall work out an advanced course complete in itself; a separate opportunity or responsibility for the larger hospitals not only to help themselves, but to help the new or struggling smaller hospitals all over this American continent, to give an impetus to improvement in hospital methods everywhere.

Would the nurse stay for this training if it were optional? If it were made thorough and practical and valuable she would stay, but not otherwise. Why should she? If she didn't have anything more to show for three years' work than for two she probably wouldn't care to stay if she had any choice in the matter. Would you, if you were in her place? The very least we ought to do is to give special credit for additional time spent on special training. If a special certificate stating that she had taken this course in institutional work were given her, and with it a fairly liberal monthly allowance in the third year, the nurses who were ambitious regarding institutional work would stay. If it were arranged that each nurse received, besides thorough instruction in the theory of institutional management and government, a term of a

few weeks in the kitchen, linen room and laundry; in the main office, getting an insight into hospital bookkeeping, government of employes and methods of dealing with the public; in the office of the training school principal, learning something of the management of the school; a few weeks in the pharmacy, and as charge nurse in the wards, it would make a very valuable course, of which the best nurses would be glad to avail themselves. Older graduates of the school also would want to return, and we should soon have a corps of nurses fitted either for private nursing or institutional work. We would then have nurses who were equipped for the most efficient bedside teaching, for we must all admit that the best lessons are those the nurse learns in the wards every day. Many opportunities are allowed to go by every day in hospitals for teaching needed, valuable, practical lessons to pupils, because we have not head nurses in the wards who know how to do the work of a teacher.

Another phase of this training for institutional work is being considered at the present time. At the Chicago convention of the American Hospital Association a request signed by about twentyfive members was presented asking that a short course of hospital management be arranged for by that association to last a few weeks each year. This petition was simply the putting in concise form and giving voice to a demand that is far from being a new one, a demand that grows more and more insistent each year. The course asked for is designed to benefit particularly those who are already occupying hospital positions and who feel the need of instruction relating to many lines of hospital work. is simply a request that an attempt be made to provide, during the Summer, an opportunity similar to that which teach-

ers, preachers, physicians, charity experts and workers in other fields have long enjoyed. It was hoped by the petitioners that experts along many lines might be secured to give instruction on methods of teaching, accounting, domestic science and dietetics-all lines touching hospital management. By this means the most obscure or inexperienced hospital worker, whether nurse or not, would have the privilege of coming in contact with the best teachers and the best in practical methods. It would not mean a university course; it would not mean a comprehensive course each year. would mean much in inspiration and practical benefit, especially to those who have yet very much to learn.

In short, after years of study and experience in the American hospital field. it seems to me that at the present time what we most need for better hospital work is to first decide what the essentials of a nursing education really are. and after that, to plan a practical normal training course on nursing and hospital methods, a comprehensive, supplementary practical course, to be given only in post-graduate schools and large hospitals, and a short course along similar lines to be given once each year somewhere on this American continent for the benefit of those who cannot abandon regular work in hospitals for a more extended training. A normal school is nothing more nor less than a school where methods of teaching and management are taught-methods that will serve as a model for imitation-a place where teachers are trained. We need such schools just as urgently in our hospital educational field as they are needed in other lines. It will take some years to properly develop such a normal course on nursing and hospital methods, but we have enough brains and ability in our

ranks to do it if we work together for it in a practical businesslike manner. There will always be money forthcoming from somewhere to carry on such work if we admit and demonstrate the need and our ability to use the money wisely.

In closing I wish to give a couple of illustrations that may help to emphasize the need and the utter inadequacy of some present-day methods-conditions that are well known to every nurse who has given any study to the question. One of my own graduates was offered the position of superintendent of a small hospital in the West. She wrote asking my advice about her taking it. I urged her to accept it, but suggested, as she had then been some time out of hospital work, that she try to postpone the date for entering on her duties for a few months and enter some hospital to brush up and get some special training for such work. I recommended a large and wellknown hospital which offered both a general nursing course and post-graduate course in several different branches. In a few weeks she was in that hospital. She had gone there primarily to get some training that would help her to better manage the new hospital to which she was going. She told me afterward that the lectures scheduled for post-graduate nurses were practically the same lessons I had given her in her probation period. The first lesson the post-graduate class got was how to give an enema. After that class several of the graduate nurses were so angry that they refused to attend any more such classes, so the classes were withdrawn. She got a chance to work as hard as she possibly could, but she got but one class in theory while she was there. Another superintendent told me she advised one of her graduates to go to the same school. This nurse had

had several years of experience as a private nurse, besides a three-year course in a large hospital. When she entered on her post-graduate course she was put under the supervision and instruction of a probationer in the school to be taught bedmaking, disinfecting thermometers and utensils and such duties in the way that hospital thought was proper. Can we not get any bigger, finer, wider conception of teaching nurses than this? Must we always stay in the primary stage in hospital teaching? Are we always to go on in this fashion? Granting that some graduate nurses may need to be taught how to give an enema properly, just as some teachers need to be taught to spell properly and some doctors need to be taught to write legibly. it doesn't any more follow that such methods of dealing with graduate nurses are any more justifiable than it would be to put a teacher who entered for a normal course to study a column of spelling, or a doctor to write prescriptions to improve his penmanship and memory. Every practical duty a nurse has to do can be arranged to be taught in a properly planned normal course. Clinical demonstrations showing how to plan for the teaching of general nursing methods, gynecologic, obstetric, ophthalmic and surgical nursing methods, can be made to cover the entire ground, and while a graduate nurse is being taught how to give bedside lessons and demonstrations to juniors she will catch on to the proper methods it is desired for her to use. The whole business will have some common sense and dignity and system and attractiveness about it then that will make it worth while to graduate nurses, and be of real benefit to the hospitals that will later employ them. When we have taught our nurses how to conduct classes, to arrange work for the pupils to the

best advantage, how to give practical bedside demonstrations, when we have given a rational, practical normal training course, we will cease to hear so frequently the time-worn complaint that good institutional nurses are hard to find.

Our hospital work grows by leaps and bounds. It will continue to grow. New hospitals in small places are multiplying rapidly. Most of these hospitals will be managed by nurses, probably, for many years to come, by nurses already trained in nursing. I am firmly convinced not only that such a course as I have attempted to outline is feasible in a large hospital school, but also that the inauguration of such a normal course on sane, practical lines, and at a nominal expense, would be a very strong factor in improving nurse training and general hospital methods. It would be a great

help toward getting the business management of new hospitals started right. It would prevent years of floundering around, all trying to blunder through their own problems in their own way. It means more to be an institutional nurse now than it did ten years ago. The public expects more of hospitals and hospital workers. The searchlight on the business management of hospitals is being applied much more frequently by a discriminating public. It will mean still more to be in hospital work as the years go by. The efficiency test is being applied to every class of work and workers. It cannot too soon be applied to our methods of educating nurses. What we need is a more careful study of how we may secure a larger proportion of really useful work for the energy expended by both teachers and nurses in our training schools.

#### DISCUSSION.

Chairman—I am very sure, from the applause which followed this paper, I voice the sentiments of all when I say that Miss Aikens has given us many valuable points and shown us our weaknesses to a very uncomfortable degree. If we can only profit by it we will have accomplished the object of our meeting. I extend the thanks of the association to Miss Aikens.

There is only one thought I wish she might have urged, and that is that the doctors themselves might be taught how to economize in hospital expenses. She has opened up to us a very practical theme. I hope we shall get a great deal of light and help from some of those who are to follow in the discusion. I regret to say that the first one who was to discuss the paper, Dr. Rowe, is not able to be present. We all know Dr. Rowe, and we regret very much that he is not able to be here.

He has a representative here, however, who has something to say, and I call upon the head of the training school of the City Hospital, Miss Drown.

Miss Drown—Mr. Chairman, I am unprepared to meet the call, not expecting to have my name presented in public. In listening to the very interesting and profitable paper read by Miss Aikens the thought has occurred to me that one reason why there are so few representatives of training schools prepared to take institutional work is the fact that so few women have had a special preparation before entering training schools.

The training of nurses is a technical work, and if a woman is to be thoroughly fitted for the more difficult branches she must have a good foundation to build upon. Hospital work has its aspects, like other professions. If the nurse wishes to become a matron of a hospital she must have acquired in previous years a

thorough knowledge of domestic duties in all the departments that pertain to a well-regulated household.

If she aspires to the control and instruction of pupils, she must have the preparation necessary before she can become a teacher, and so we might enumerate the other distinctive claims of administrative requirements. When young women wake up to this side of the question and grasp the training that is now provided for them in the hospitals, there will be no dearth in women fitted for these different vocations in the hospitals.

Dr. Washburn - This subject of tonight is one that has been of peculiar interest to me for several years. I have gone through a process of evolution in reaching my present line of thought. About three or four years ago I remember talking with the chairman of the board of trustees that it would be a fine thing to have a course in institutional management connected with Simmons College. The theory to be taught at Simmons and the practical work done in our laundry, kitchen, etc. Now I think that it takes a nurse to be superintendent of a small hospital as it takes a physician to be superintendent of a large hospital.

I remember about a year ago I was asked to make some remarks on this subject, and I felt that in the third year's course in the training school we could have special work, and the nurse could be allowed to specialize, and one should be a course in administration. Since then, after giving the matter mature deliberation I believe it would be better to have it post-graduate.

I think an assistant superintendent is of more value to us if he has been in private practice for a while and has seen that side of the work and has definitely made up his mind that he prefers institutional work. I think this would hold good in regard to the trained nurse, and I am inclined to think the post-graduate course in institutional work would perhaps be better than the special elective course in the third year.

I think Miss Aikens's remarks about the practical way that administration should be taught are right. That the nurse who has made up her mind she wants institution work should have a period of work in the office, should learn about bookkeeping, the methods of admitting patients, handling the friends of the patients, visitors, from charitable ladies down to poor men and women who come as friends of patients-all of this needs tact. It needs special knowledge, which only can be acquired by practise. She should have a term of work in the laundry, in the store house, so that she may learn how supplies are handled, the way they are bought and accounted for. She should go into the kitchen and the serving room, and also have a course in the training school in the management of the ward, and learn something about the methods of teaching in the training school. I admit, though, I have thought about this a good deal, there have been no practical results. I hope some day we shall be able to show practical results in the Massachusetts General Hospital.

Miss Dollivar, Superintendent Nurse, Massachusetts General Hospital — It seems to me that if a nurse takes a special course in institution management and then does private nursing for one, two or more years she would naturally lose a great deal of the special knowledge she had gained in the management of kitchen, laundry and various departments of an institution. I think such a course should be taken after graduation, and

preferably after one or two years of private nursing.

Dr. Mann—I was very much interested in Miss Aikens' paper, and I quite agree with her. I think there is too much technical knowledge taught the nurse, and not enough practical knowledge. It seems to be a case of one hospital following the other. You pick up a hospital prospectus and you see a long list of subjects, and a lot of what I call "rot."

I think the nurses should be taught to care for their patients and they can do that to a great extent without knowing a great deal about pathology, and Miss Aikens hits the nail on the head when she says there are too many useless branches.

I think also a nurse in training for institutional work and management has to be in a way adapted for it, and I think that other hospital men will agree with me when I say, and as Miss Aikens has also said, that it is difficult to get a capable head nurse.

We put a senior nurse in charge for three months during her third year and try her out and then we try to make her remain. We do not offer them enough financially, however, and though we say we will give them \$35 the first year, \$40 the next and \$45 the next, they feel that \$21 a week which they get in private nursing is a good deal larger than what the hospital pays.

I think myself we have all been delinquent in not training our nurses to. a certain extent to run an institution. We give them a chance to manage a ward or a diet kitchen, but that does not give them an opportunity to know what things cost. However, I think it would be very unwise to make every pupil that graduates take a course in institutional management, because they are not all adapted to it. A certain person said to me a while ago that she did not believe she could pound neatness and economy into a woman in three years who had lived twenty-five years without it. I told her she was right.

The nurse in training has very little to do with the care of servants. To be sure, we do make them responsible for the work of the ward maids. I think there should be an elective course of from three to six months, subject to the approval of the training school head, and any nurse who wishes to take it after graduating could do so, the hospital agreeing to give them certain time in the kitchen, laundry and housekeeping department, and I, for one, would be much interested to see how many graduates would take such a course.

(To be continued.)



### The College Graduate and the Training School

ANNETTE FISKE, A. M.

HOW many college graduates, I wonder, have taken up nursing as their profession. Not many I should judge. None of the other graduates of my own college have done so, so far as I know, though one was accepted for Johns Hopkins and then got married before the time came for her to enter, while another was thinking seriously of it but had a chance to teach in South Africa and decided to try that first. Of course, a college education is by no means requisite to a nurse. I have even heard it seriously maintained that it is rather a drawback. In fact, an acquaintance of mine took the trouble to write me, at the time I was meditating training, that the doctors did not want well-educated women as nurses but just women who would do as they were told, that doctors considered a fine education "objectionable" in a nurse. Well, I suppose they do wish their nurses to do as they tell them-they can hardly be blamed for that-but it does not seem to me that any amount of real education stands in the way of a nurse's carrying out orders. It rather helps her to do so, for the fact is fairly well recognized that the more one knows, the more he realizes that after all he knows very little. The doctor knows more, it is said, when he first graduates from the medical school than he does after he has been out in practice a few years. I have known a a graduate of a large Boston hospitaland she did not hold an A. B. degree either-say she could have learned in two months all that she learned at her hospital in two years. I dare say she

may have been right, but in that case the fault was not with the hospital nor with excess of education on her part. Indeed, I can hardly imagine a woman of any education getting so little out of her training. Probably now and again every school may graduate such nurses but the fault lies with the nurse herself, not with her opportunities or lack of opportunities. I would not by any means say that my college education was indispensable to me in my training, but I did find it a distinct advantage.

Why do not more college graduates take up the profession of nursing? Surely no profession should appeal to the best side of human nature, especially femimine human nature, so strongly as nursing. And yet any appeal it makes to the college graduate is apparently largely vain. Why is it? There are various influences at work I suppose. Some I have felt in my own person. Family opposition, spelt large, is one very prominent deterrent. "Pshaw!" I hear some one say, "every nurse meets with that before she enters training." Yes, I think there are very few nurses who do not. but to the college graduate so many more fields seem to be open in which an honorable and comfortable living can be made, that the opposition is stronger and, in a sense, better founded. The profession of teaching upon whose followers so many nurses look with envy, engrosses the attention of the vast majority of college graduates who have their living to earn, especially since a college course is becoming a necessary part of the preparation for teaching. I came very near being drawn into the teaching vortex myself. In fact, I did try my hand at it for a short time; but I look back now with a devout thankfulness that I did not continue in that profession.

Of course, the family opposition generally has some foundation and I suppose the usual reason for its existence is the idea that the training itself and the work after graduation are so hard, an idea most likely shared by the girl herself. We can hardly deny that nursing is hard work, but it is a curious fact that the average nurse, if in good health to start with, rather gains than loses in weight and is the better physically for her training. Personally I never felt better in my life than I did during most of my course. Naturally we all got tired, and sometimes we thought we were going to wear ourselves out; but somehow the time passed and we found ourselves quite well able to keep on with our work. Yes, it is hard work; but how seldom people seem to think of the benefits and pleasures it brings the nurse. What an amount of knowledge we accumulated, or were given the opportunity to accumulate, not only regarding the various sciences, the care of a room, the care of a sick person, but also as regards that very important and difficult subject, human nature. I know of no occupation that offers one such chances for studying human nature as does nursing, and every one needs all such knowledge as she can attain to. What, after all, is tact, that much desired quality, but a sympathetic understanding of human nature, and, I might add perhaps, the willingness to act in accordance with it? The study of her patients, the constant attempt to see why they think differently from what she does on certain subjects, the effort to put herself in their place and see with their

eyes, will eventually render tactful one who has been considered greatly lacking in that quality. Here is one of life's most valuable lessons laid open before the nurse, if only she will exert herself to learn it, and to learn to deal amicably and helpfully with our fellow-beings is surely worthy of great effort and will repay much hard labor. Moreover, the nurse has even greater compensations than those yet mentioned. Think of the pleasure of being able to do even a little for the sick and helpless! What, though gratitude be not forthcoming, the consciousness of having given a little comfort, of having made the weary hours pass a bit more quickly, makes the day's work seem light and life well worth living. In what other course in life can one get such real inward satisfaction as in nursing? Nowhere does one get as near to one's fellow-creatures. The patient frequently turns to the nurse for comfort and cheer as well as bodily care and the opportunities for helping humanity are well nigh boundless. There was a good foundation in fact for the old exaggerated romantic idea of nursing and it is a pity the pendulum has swung so far in the opposite direction that this side now seems almost wholly lost sight of.

Why, then, we may ask once more, do so few college graduates enter so high a calling? Miss Charlotte A. Aikens pointed out a while ago in a paper in the National Hospital Record the disadvantages of various occupations which the discontented folk who have been criticising the treatment of nurses might consider better livelihoods than nursing, and I suppose that the college graduates, like the discontented nurses, though for better reasons, are under the same delusion that nursing is an exceptionally trying occupation.

Still, there is one drawback about nursing, the one distinctive trait that sets it apart from any other business or profession that I know of, which in my opinion deters many women, whether college graduates or not, from entering the training schools. This drawback—a far greater one in the eyes of a woman than of a man -is the fact that the nurse has to give up her home. She has to give up her home and practically all her time during training, and after graduation also, if she takes up institutional or private work. What free hours she has are brief and rather uncertain. In district work and in some of the newer branches of nursing, such as nursing in the schools, she may be able to live at home, though that is often impossible, and her hours of duty are usually rather more definite, but in no field can she arrange her own time to any extent. In these days of independence such a state of affairs does not appeal to the average woman. She does not wish to be tied too closely. The teacher is only tied down for five or six hours a day. She may work as hard as the nurse, she may get less pay, but she has more freedom in arranging her work, and many nurses envy her her independence. That is the side of teaching which appeals to a great many. It is the same feeling that induces girls to stand all day behind a counter, earning barely enough for room and board. rather than live out as maids where they will have a comfortable home and good wages besides. Is it not this longing for independence that makes discontented nurses think other occupations preferable to nursing? It seems to me that this peculiarity of nursing is an important factor in many of the larger nursing problems, the discontent and criticism on the part of nurses, the lack of probationers, the question of charge in private work.

There is a constant plea for a better class of women to enter the profession of nursing, and of course that is one of the requisites for raising the profession. As I have said, it is not at all necessary that these be college graduates. In fact, many think that if a college graduate is going to spend so much extra time on such a branch she had better go a little further and become a doctor. But it does seem as if the field of nursing should be sufficiently attractive to the average college woman to draw her more often into entering it than she does at present. It seems as if nursing were not even considered by her as a rule, and it also seems as if its lack of attractiveness might be largely due to the glare of publicity given to its hard, perhaps sordid side, by overmuch petty criticism, to the utter oblivion of its noble and inspiring ideals. Without its beauties as a lure what wonder if the sacrifice of individual liberty and the hard work makes nursing seem scarcely worth consideration. I would not recommend any and every college graduate to take up nursing as a profession, of course, any more than I would urge them all to become lawyers, but I should like to see more of them turn in that direction. Moreover, I should like to see every hard working college student, every socalled "grind," spend at least one year in a training school. I do not believe she would ever regret it. At any rate, I am sure that her horizon would broaden out and that a new breath of life would transfuse her books, as it would her soul.

### The State of Pennsylvania Against Tuberculosis

MABEL JACQUES.

City Tuberculosis Nurse, Philadelphia, Pa-

ARTICLE I.

I T seems only fitting that Pennsylvania, with its beautiful mountains and hills, its noble forests and well-cultivated farms, should be taking the lead in tuberculosis work in the United States.

The appropriation by the State Legislature of 1907 of \$1,000,000 for helping on the fight against tuberculosis has, of course, given the State Department of Health the means of carrying on, quite extensively, the work begun by the Henry Phipps Institute and the White Haven Sanitarium for the poor consumptives. The latter institution has been enlarged to accommodate 200 patients, including 100 free beds. In addition to this, a camp which will accommodate 100 patients for the present, and many more than that in the near future, has been started at Mount Alto in the Blue Ridge Another State sanitarium Mountains. will, I believe, shortly be opened in the western part of the State. All these sanitariums take only incipent cases, but many of the larger cities have special hospitals where the more advanced cases may be treated and cared for.

The Henry Phipps Institute of Philadelphia might be mentioned as one of the above, treating hundreds of cases yearly. Many of the patients treated here show marked improvement, and despite the disadvantages of an old building—which is soon to be replaced by a fine large one—the results are most encouraging. The bacteriological work of this institute is probably the most progressive in this line of any being carried on in the country.

Of course, even with these institutions, there is not half enough room to accommodate all the cases of tuberculosis in the State that are under medical care, not to mention the hundreds that never receive treatment. Consequently in order to reach these people, who cannot or will not enter the sanitarium, the State has established a series of Country Dispensaries, of which there are at present 67, all in good running order, and treating on an average over 3,000 patients monthly.

These dispensaries are located sometimes in the cities and sometimes in country towns, the idea being to have them placed in a locality most convenient to people in all parts of the county. Each dispensary is under the care of a physician, well experienced in the treatment of pulmonary tuberculosis. In some of the counties one or more visiting nurses are connected with the work. The patients are carefully examined and instructed regarding personal hygiene, diet, open air treatment and general mode of living for the tubercular. When necessary, milk and eggs are furnished free of charge.

The work of the Pennsylvania Society for the Prevention of Tuberculosis should really come first in this category, for it has been largely through the untiring efforts of this society, the oldest one of its kind in the country, that the State Department of Health, as well as the local departments, have become so active in the campaign.

The society is supported wholly by

voluntary contributions, receiving no State appropriation. Its purpose is mainly educational, co-operating with other organizations when necessary. its supervision a Bureau of Information for the benefit of patients, physicians and institutions has been started. An Employment Bureau where convalescent patients may be helped to obtain suitable employment is also being organized. An educational campaign by means of cooperation with churches, schools, factories, labor unions, etc., has been vigorously carried on, as well as the forming of tuberculosis classes in the hospital dispensaries and various churches, whereby patients living at home may receive modern sanitarium treatment. In addition to all this work, the society has, during the past year, organized a Tuberculosis Exhibit, which has been used as a centre of preventive work in the different cities that it has visited.

This is only a small amount of the work that the society has accomplished. Hundreds of instructive lectures have been given in churches, factories, before labor unions and in connection with the exhibit thousands of instructive circulars have been distributed, forming a widespread educational campaign.

Besides the State Dispensaries already spoken of, most of the hospitals now have special Tuberculosis Dispensaries, where the patients are furnished with sanitary supplies, and followed up in their homes by a nurse connected with the hospital.

Most of the visiting nurses societies of the various cities are carrying on tuberculosis work, some on an extensive plan and others merely in connection with their general district work. Many of the charitable organizations are furnishing milk and eggs to those in need, and many special hospitals, both private and free, are being established.

Philadelphia, the principal centre of the tuberculosis activity of the State, as well, practically of the country, has many different branches of this work.

The Henry Phipps Institute, already mentioned; the Rush Hospital, with its city and country branch, the Lucien Moss Home, in connection with the Jewish Hospital; the Chestnut Hill Sanitarium, under the Protestant Episcopal City Mission; eight special dispensaries at various different hospitals, the State Dispensary, the special instructive and nursing work of the Visiting Nurse Society, the carrying on of tuberculosis classes in two churches in co-operation with the Pennsylvania Society for the Prevention of Tuberculosis and the Visiting Nurse Society.

The Central and Western parts of the State are not allowing the East to leave them far behind. Pittsburg and Harrisburg are being well advanced in the crusade. Pottsville, Allentown, Easton, Oxford, Lancaster, Doylestown, Chester and many of the smaller cities and towns are starting active work. From all over the State reports are constantly coming in of new work that is organizing. The best physicians are taking the lead, devoting their lives almost constantly to the campaign which in time is to rid our country of this dreaded disease.

Graduate nurses of the Pennsylvania hospitals are taking an active part in the crusade, many of them giving up their lucrative private practice to accept positions on limited salaries under the various branches of tuberculosis work.

# The Case Against the Hospital

AN OBSERVER.

I HAVE read with much interest the address of Miss Addams containing her views of hospital work among the poor, and also the criticisms that have appeared in different magazines concerning the crime of nurses "folding sheets" when they ought to have been attending the patients.

The nurse who cited in the August Trained Nurse her experience as a patient in one of Maine's best private hospitals, when her bell was not answered, though she rang again and again, and the reply of the night nurse to her that "the linen closet must be put in order first," prompts me, at last, to reply.

I admit all the charges—the folding of the sheets and the failure to answer the bell, but I am bound to say that there are excellent reasons for doubting whether that night nurse was absolutely required by the hospital to put the linen closet in order at that particular moment, whether the patients were attended to or not. The question of how to get some nurses to answer their bells promptly has been one of the most perplexing parts of my training school management. I have talked to the nurses again and again regarding failure at that point, and the possible results, and finally was obliged to make a rule punishing with suspension for a period varying from a week to a month, the nurse who failed in this respect without good reason.

To be perfectly frank, I believe that Miss Addams would find that very few hospitals, comparatively, have such exacting regulations regarding the folding of sheets, or that they regard the comfort of the patient as secondary to the appearance of the linen closet and ward, I feel quite sure that while there undoubtedly exists ground for her criticism, yet they cannot be applied to hospitals in general without doing grave injustice. The class of people with whom settlement workers deal are usually those in the lower walks of life—though not always. These are the people who fill the beds in the great charity hospitals of our cities, where mechanical nursing seems inevitable, where the thousand and one little attentions practiced in smaller hospitals for the comfort of the individual cannot well be or are not carried on in these large wards. I do not believe those criticisms are true of the medium-sized or small hospitals generally.

There are few, if any, hospitals that approach perfection. Some are much nearer it than others. But so long as we have to depend for the care of the sick on human beings, persons "a little lower than the angels," just so long will cause for complaint arise in the best and most carefully and wisely managed institution. Nurses, in common with other human beings, do get tired. Some of them get careless; some of them lack greatly the keenness of perception, the sound judgment we might wish them to use regarding the management of their Some of them have favorites among patients. All nurses do not prove trustworthy regarding a great many things. A great many things are done and left undone by nurses in hospitals which are detrimental to the institution, but it is exceedingly unfair to imply that the hospital regulations require it.

short, nurses are human and subject to all the frailties and errors in judgment of other human beings, but please, gentle critics, do not blame the spirit of the hospital, or its regulations, or its superintendent for all the shortcomings that may arise. I have an acute recollection of an incident which caused me no little trouble, which illustrates this point. A private patient for some time had had a special nurse after some surgical operation. She was a most exacting patient. demanding something done incessantly. When she gave up the special nurse, she continued to demand just the same amount of attention as before. One day she rang for a drink and there was no reply. The rings were repeated, but the nurse did not come. She began to cry. Her husband came in at that moment and, finding her in tears, rushed off, not to find a nurse, not to report the neglect at the office, but away to the doctor's office. The doctor was out, so he wrote out a lengthy complaint against the hospital and left it. From there, having found no place in which he might still give vent to his wrath sufficiently, he proceeded to the office of the president of the board. He burst in on this functionary in the midst of his busiest hours as president of an insurance company, and there he related his story. It seemed a pretty bad case and the president called up several of the members of the executive committee, one of whom offered to call at the hospital and investigate that very day. Shortly after the irate husband had left the hospital the patient's mother came and found the patient crying. She had the good sense to come at once to the office and enter her complaint. There were two nurses on duty in that hall, with five patients between

them, none of them seriously ill. One nurse was setting trays in the ward diet kitchen. The other was supposed to answer all the bells, but did not. The secret was that the one who should have answered the bell had gotten very tired of the patient's incessant and petty demands and had taken a dislike to caring for her. There was positively no excuse for the neglect.

I would like to ask the gentle critics how one can anticipate such occurrences, and prevent them, or what is the best thing to do when they do occur.

There are times when, in spite of all I can do, things will go wrong; nurses fail to satisfy patients and the hospital spirit is grossly misrepresented and misjudged. I take a crumb of comfort in considering that such things happen in other lines of work. I was talking with the head of a department of a large department store one day, when a complaint arrived from some indignant customer. He excused himself for a few minutes to see about it, and when he came back I remarked, "And so things sometimes go wrong in your establishment as well as in mine?" "Wrong?" he replied; "I should say they do. You have such an advantage over us, for you get a superior class of young women and then you can train them." He thought it was so easy to keep things running smoothly in my establishment, and I thought the same about his.

Perfection of service is rarely found in any line of work, for wherever we go, to stores, to hotels, on trains, in church or state or home, the machinery is bound to fail at some point—not because we do not try to satisfy, but because those who serve and those who receive service from others are human.

# Aursing in Convalescence

MINNIE GENEVIEVE MORSE.

ITTLE is said in lectures to nurses and in the books written for their study of the special qualifications needed by the nurse who remains with a patient through the period of convalescence; it is taken for granted that she who can bring the patient safely through the time of greatest danger will have no difficulty in fulfilling all the requirements of the days to come after. And as far as professional skill is concerned this is unquestionably true.

Yet experience proves that the convalescent period may be the most trying part of the case. The nurse is often tired after weeks of desperate fighting, loss of sleep and intense nerve strain, and when the danger is over and there is no longer the excitement to sustain her, interest is apt to flag, small annoyances seem magnified and the difficulty of maintaining the ideal attitude of serenity combined with strength and alertness is greatly increased. The patient, too, may forget gratitude for returning life in impatience at her limitations and be much harder to manage. Though requiring daily less in the way of treatment, she is yet thrown very largely upon the nurse for companionship, and this is especially true in cases where there must be a long quarantine. Under such conditions happy is the nurse who, besides her professional training, has those qualities which make her an agreeable and entertaining companion, for at this time the knowledge gained in the lecture room and at the operating table will avail her more if supplemented by a good general education, tact and ease in associating with people of all sorts, and the little womanly, home-making ways that make for comfort in a household disorganized by illness.

Nurses are often warned not to talk too much, but the greater the range of subjects on which they can talk understandingly and well, when occasion arises, the better they are qualified as companions in the days of convalescence. The more a nurse mingles with intelligent, thinking people, in her time of leisure, the more she keeps up with the times by means of newspapers, magazines, books on varied subjects, reports from the theatrical and artistic world, the more interests she has aside from her profession, the easier it will be for her to find common ground with her patients and to amuse and interest them. The less talk of illness there is in the convalescent's room the better, and sad or tragic stories should be rigidly excluded. The atmosphere about the patient should be one of hope and optimism, and conversation in her presence should be bright, amusing and entertaining, never depressing, discouraging or too exciting.

Quite as important as that she should be an agreeable conversationalist is it that the nurse caring for a convalescent patient should be able to read aloud well, for the majority of invalids are fond of listening to reading, when it is well done. Reading aloud well does not mean having the theatrical style of the professional reader, but reading in a clear, simple, natural manner, with a careful but not labored pronunciation, rendering the author's words as nearly as possible as if they were one's own. In reading fiction, putting one's self mentally in the place

of the various speakers aids in the interpretation. Reading too fast, careless pronunciation, pitching the voice too high, a monotonous or expressionless tone, and running the words together are some of the most common faults of inexperienced readers.

If the selection of what is to be read is left to the nurse she will find a knowledge of authors, their books and their style a great help in making satisfactory selections. As a rule, a patient will desire either the daily paper, a magazine story, or the last new novel. It must be remembered, however, that anything depressing or too exciting may have a very bad effect upon an invalid, and neither the horrible accounts of accidents, murders, and suicides in the daily papers, morbid or pathological stories, nor harrowing tales of adventure are desirable mental diet for her. Nor should anvthing be read to her that will require her tired brain to make too great an effort in comprehending it. Bright, well-written short stories make ideal sick-room reading, as one can be finished at a sitting. Next best is an entertaining novel; one that is neither a problem story, trashy and unnatural, nor so sensational as to keep the listener awake at night anticipating the denouement. Attractive biographies and books of travel, of which so many are published in these days, will sometimes interest when stories begin to pall, and when a patient is sent to the country or is able to spend many hours out of doors books dealing with nature, such as stories of plant-life, trees, birds or buterflies, will sometimes open up an entirely new field of entertainment.

The ability to write a good letter to a person she has never seen—a letter clear, well expressed and to the point, yet tactful and cordial—will often prove of use to the nurse whose patient desires to communicate with her friends, yet dreads the exertion of dictation. Letter-writing is an art well worth the cultivation of every nurse.' This is also true of the ability to write a clear and legible hand.

A knowledge of and cordial liking for games is often of value to the nurse in convalescent cases, when time goes slowly and a quiet amusement is desired. The simpler games of cards, checkers, halma, dominoes, backgammon, "substitute golf," and the many similar games, will help to pass many a weary hour very pleasantly. Chess is hardly a sick-room game, as it requires considerable mental exertion; games in which chance plays a greater part than skill are the most desirable.

If a nurse is fond of fancy work she will do well to learn a little about the new forms of it that are continually appearing, for a fancy-work-loving patient is apt to demand her embroidery or her knitting bag at the earliest possible moment, and she will have a warm appreciation of the nurse who can show her something new in her favorite kind of work. Knitting and crocheting are better forms of fancy work for an invalid than embroidery or other fine needlework, as they do not put such a strain upon the eyes and nerves. Plain knitting has often been said to be soothing to the nerves.

As the convalescent is often ordered away from home for change of air and scene, under the nurse's care, under such circumstances she will greatly appreciate it if the nurse can pack trunks and bags in a careful, compact and orderly manner, so that the contents will arrive in good condition, and so that she will know exactly where to find everything when it is wanted. As the travelling arrange-

ments are often left in the nurse's hands she needs to be familiar with the details of checking and transferring luggage, securing seats, berths or staterooms and engaging hotel accommodations; also, thoroughly acquainted with the use of railway maps and time-tables.

It is in the convalescent period, rather than the time of acute illness, that the nurse can make the greatest use of her diet kitchen training. When the "convalescent appetite" appears, without normal powers of digestion, there is need for a generous and varied menu of appetizing and nourishing but easily digested food. A nurse will be well paid for a careful study of one of the excellent books on dietetics and cookery for invalids, for it is sometimes quite an art to supply with a sufficient quantity and variety of food a patient who dislikes or is unable to digest certain articles which ordinarily form an important part of the menu, vet who now, on account of the unusual tissue waste from disease, requires an especial amount of building up. The way in which food is served, too, means more to the convalescent than to the patient who is too ill to pay much attention to it. With a carefully set tray, pretty china and glass and silver, and perhaps a little vase of flowers, the simplest meal may be made a delight to the eye.

Entertaining convalescent children is quite an art in itself. Nurses who expect to make a specialty of caring for children sometimes take a brief course in kindergarten work, and certainly such knowledge is a valuable asset. Quiet

games that do not call for too much exertion, paper-doll plays, the ever-delightful "cutting out" of pictures or fashionbook people, making scrap-books for children's hospitals, and simple knitting or crocheting all help to amuse the little Almost all children enjoy being read to, but care must be taken not to select stories that will depress the child, or so excite him as to keep him awake at night or cause unpleasant dreams. It is an abnormal child indeed who does not delight in listening to story-telling or bright little songs at bedtime, and the nurse who is much with children will do well to treasure up all such material that comes in her way. Being used to children and having a sincere love for them makes one's work much easier, as even very little children seem to know instinctively who their real friends are and to be more easily controlled by them.

Character and personality never count for more than during a long convalescence, where nurse and patient come to have such intimate knowledge of each other. The nurse who resists all the influences which tend to make her grow hard and unfeeling and machine-like and without sentimentality or a tendency to hysterical friendships with her patients, retains a warm interest in her fellowmen, a genuine compassion for all suffering, and an ability to enter into the lives of others with real sympathy and desire for helpfulness, is the one who will be longest and most warmly remembered in the households where her presence has been a help and comfort.

# The Care of the Cyes\*

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I HAVE often been asked why so many more people wear glasses now than formerly. There are several reasons for this.

The first is that more people earn their living by work which strains the eyes, such as stenography, bookkeeping, sewing, etc.

A girl will work the typewriter, or sew all day, and after a hasty meal will read her favorite novel until far into the night and will wonder why her eyes bother her. Or her brother will work at his books all day, dress and go out to a party every night in the week, get about four hours sleep, and he will wonder why his eyes are weak.

The eyes are extremely delicate, and unless they have sufficient rest permanent injury will sooner or later result.

Reading on the cars is another modern habit which causes trouble. In order to read, the eyes must adjust themselves for the distance at which the type is held. The jolting of the cars causes a frequent change of this distance, requiring the eyes to adjust themselves accordingly, and this produces a severe strain upon them.

Kindergartens are a common source of trouble, especially when children are required to do work which must be held too close to the eyes. The intellectual value of these institutions cannot be denied, but they are undoubtedly often injurious, as they require the eyes to do work for which they are not yet prepared, and many cases of nearsighted-

ness and strabismus (crosseye) are aggravated, and sometimes even caused by work at these institutions.

Another reason why so many people wear glasses is that although so little attention is paid to the *prevention* of eye troubles, great care is taken to relieve and cure them. Many cases of headache which were formerly attributed to stomach trouble, biliousness, neuralgia, etc., and were drugged indefinitely, were really due to defects of the eye, and are now cured by the wearing of proper glasses.

Strabismus, or cross-eye, can often be cured by the wearing of proper glasses, provided it be treated in time. However, their value is sometimes exaggerated, and some oculists and opticians seem to think that they will cure anything from freckles to consumption.

These are the reasons why so many glasses are worn, but before taking up the defects which these conditions cause or increase, a few words must be said about the anatomy of the eye.

The eyeball consists of three coats, the sclerotic, the choroid, and the retina. The sclerotic is the outermost, and forms the white of the eye. Its function is to give shape and protection to the eye.

In front is a transparent membrane called the cornea. The choroid is the second layer, and consists of three parts—the choroid proper, the ciliary body and the iris. It contains the blood vessels which nourish the eye. The choroid also contains coloring matter so as to ab-

<sup>\*</sup>Read before the Cincinnati Hospital Training School Alumnae Association and contributed to The Trained Nurse.

sorb the light, and the iris (the only part of it that can be seen from the outside) gives to the eye its color, gray, blue, brown, etc.

The ciliary body contains the ciliary muscle, whose function it is to regulate the convexity of the crystalline lens. The iris acts as a curtain which regulates the amount of light which enters the eye through its opening, the pupil. The size of this opening depends on various conditions. It is small when the light is strong, so that too much light may not enter the eye, and it is large when the light is dim, so that as much light may enter the eye as possible. It is also affected by various diseases, and a number of drugs, either taken internally or dropped in the eye-belladonna and cocaine make the pupil large, and morphine makes it small.

The retina is the innermost layer and is a continuation of the optic nerve, or nerve of sight. On it the rays of light are focused, and the sensation transmitted along the optic nerve to the brain.

The crystalline lens has the same power as any other convex lens (which is to focus rays of light), excepting that it is soft, and has the power of becoming more or less convex.

In old age the crystalline lens gradually becomes harder, and finally is no longer able to change its shape, and as a result the eye cannot now adjust itself for small objects.

In front of the crystalline lens the eye is filled with a transparent fluid called the "aqueous humor." Behind it is filled with a transparent, jelly-like substance called the "vitreous humor."

Technical terms used for the different conditions of the sight:

I. Emmetropia—Perfect sight (eye proper shape).

- 2. Hyperopia Farsightedness (eye too short).
- 3. Myopia—Nearsightedness (eye too long).
- 4. Astigmatism—(Unevenness in surface).
- a. Simple Hyperopic (or farsighted) astigmatism.
- b. Simple Myopic (or nearsighted) astigmatism.
- c. Compound Hyperopic (or farsighted) astigmatism.
- d. Compound Myopic (or nearsighted) astigmatism.
  - e. Mixed astigmatism.
- 5. Presbyopia—Old sight (loss of adjusting power of crystalline lens).

If the eye is of correct shape rays of light will be properly focused on the retina, and perfect sight will result. However, if we were to examine a large number of eyes we would find the normal or emmetropic eye to be by far the fewest, but in most cases the defect is so slight, that unless the eyes are strained by too much nearwork they cause no trouble. These defects are of three kinds—(1) farsightedness, or hyperopia, (2) nearsightedness, or myopia, and (3) astigmatism.

Farsightedness or hyperopia (if we include those cases of farsightedness where there is also a slight degree of astigmatism) is the most common defect. The term "farsightedness" is really incorrect, for in the higher degrees the person may see indistinctly even at a distance.

Ordinarily, however, the patient sees clearly far off but is unable to do near-work for any length of time. The eyes tire easily, they itch and burn, the letters and words become blurred and seem to run together. Work by artificial light makes them worse. If nearwork

is continued, headache, pain in the eyes and forehead generally appear.

In severe cases the pain shoots from the top to the back of the head. In nervous persons attacks of dizziness or nausea sometimes occur. Work which requires a constant change of focus, such as piano playing or typewriting, is especially irritating to these eyes.

The severity of symptoms does not depend on the amount of the defect, for slight degrees of farsightedness in weak or nervous persons cause much more trouble than much greater degrees in strong people.

Persons who are recovering from some severe disease, such as typhoid fever, etc., often have trouble because of a slight amount of farsightedness which does not annoy them at all when they are in good health. Styes sometimes occur as a result of this condition, and often scaliness of the edges of the lids, the so-called "granular eyelids" is present. This, however, is not the true granular eyelids, which is an entirely different condition on the inside of the lids, and is contagious, while that due to farsightedness, of course, is not.

The treatment of farsightedness is the wearing of proper glasses, if necessary, and the regulation of the amount of nearwork.

If the farsightedness causes no trouble (which is often the case), nothing need be done. If the trouble is slight, glasses may be worn for nearwork only; in severe cases they must be worn constantly.

The care of the eyes otherwise is the same as in nearsightedness, which is much more serious, and will, therefore, be discussed under that heading.

Nearsightedness or myopia is by far the most dangerous of the three defects.

Nearsighted people are unable to see clearly at a distance, but see very well near at hand. Children at school will say that they cannot see the writing on the blackboard, although they may read the finest print with ease. It must not be thought that only those eyes are nearsighted where objects must be held very close to the eye, for this occurs only in extremely bad cases. A special variety of nearsightedness is the "progressive" or "malignant" type. In these cases there is a weakness of the coats of the eye; these stretch, and the eye becomes more and more nearsighted, until, perhaps, serious changes take place, and the sight is lost. These cases are generally hereditary developed by some weakening disease, such as typhoid fever, smallpox, etc., or they may result from neglect of lower degrees.

Children are seldom born nearsighted, in fact, they are generally born farsighted, but they may inherit a tendency which develops into nearsightedness because the eyes are strained by too much or too early nearwork. Prof. Ball, of St. Louis, says that if all children were kept out of school until they were eight years of age, nearsightedness would rapidly disappear.

The development of this disease is well shown in the report of examinations made of a large number of school children in Germany.

In the lower grades the percentage of nearsightedness was 1.4 (one child out of every seventy-one)—this number rapidly increased until in the universities the percentage was 59.5—that is, considerably more than one-half were near-sighted.

Nearsightedness is not nearly as common in this country as in Europe, especially in Germany. The reasons are:

- 1. Much more attention is paid to outdoor exercise in this country.
- 2. More care is taken of the eyes by us.
- 3. German type is very injurious to the eyes. This last fact is so well recognized that the use of these letters is rapidly being superseded by the Roman, many of the textbooks already using this type.

People in the country are not nearly as often nearsighted as those living in the city, because of the greater amount of nearwork required in city life.

Nearsightedness is a condition which to a large extent can be prevented, or at least, checked. As it generally develops in childhood, it is at this period that we should endeavor to prevent the disease

Children should not be sent to school too early—not before six years of age. On recovering from some severe acute disease they should not be immediately required to do the same amount of nearwork as those in good health. In weak children nearsightedness is far more apt to occur or increase than in those who have perfect health.

Proper attention should be paid to illumination at school; there should be a northern exposure, and the light should, if possible, come from in back and over the pupil's left shoulder.

Desks should be so made that stooping over is not required, and the body should be erect. Textbooks should be printed on unglazed paper, and the type must be of sufficient size. Vertical script has been found to be least injurious to the eyes.

In early childhood instruction should be oral as much as possible, and school work should be so arranged that too much continuous nearwork is not required. This can be done by alternating the oral and written work. Children should have as much outdoor exercise as possible.

If nearsightedness does develop, glasses must be worn, although this is by no means all that is required. These must be worn constantly. It has been found that when the proper glasses are worn, nearsightedness generally stops where it is, sometimes even becomes less, and in the remainder the rapidity of increase at least is checked.

If they are not worn the eyes generally become more and more nearsighted, until in old age bursting of bloodvessels and other severe changes may take place, which result in partial or complete blindness.

A farsighted eye is annoying; a nearsighted eye is dangerous. Glasses in farsightedness are often a luxury, in nearsightedness they are an absolute necessity.

As these children see poorly at a distance, but well at close at hand, they do not care for outdoor exercise, but are fond of reading, the very thing which they must avoid, for this only increases the trouble. The head is generally bent over and the flow of blood to the eyes, therefore, increased. As there is already in these cases a tendency to bursting of bloodvessels, any increased pressure is dangerous.

Nearwork must be restricted, especially by artificial light, and work held as far as possible from the eyes. Small print, fine needlework, embroidery, etc., must be prohibited. The work should be interrupted at frequent intervals while the person rests the eyes by looking at a distance. In the rapidly progressive type it may be necessary to stop nearwork entirely for quite a while. Persons who have a high degree of nearsightedness should consider this when selecting their

occupation, and should avoid work which requires too great a strain on the eye.

Astigmatism is an unevenness in the surface of the cornea or crystalline lens, usually of the cornea, so that the different parts of it do not have the same power, and as a result the rays of light are not focused on one point. A slight amount of astigmatism is present in almost every eye, but this generally causes no trouble.

There are five varieties of astigmatism:

- 1. Simple farsighted astigmatism, where part of eye is normal and part farsighted.
- 2. Simple nearsighted astigmatism, where part of eye is normal and part is nearsighted.
- 3. Compound farsighted astigmatism, where the entire eye is farsighted, but not to the same amount.
- 4. Compound nearsighted astigmatism, where the entire eye is nearsighted but not to the same amount.
- 5. Mixed astigmatism, where part of the eye is nearsighted and part farsighted.

In most cases astigmatism is an inborn condition, but it may also be caused by any disease which changes the shape of the eye.

The symptoms of astigmatism in the lower degrees are the same as those described under farsightedness—headache, inability to do nearwork, etc. In the higher degrees there is in addition poor vision.

The head is often turned to one side, the patient saying that he can see better in that position. The treatment for astigmatism, if it causes trouble, is the wearing of proper glasses.

These should be worn constantly.

Old sight (failing sight) or Presbyopia is a natural condition caused by the fact that in old age the crystalline lens gradually becomes harder, and, therefore, is no longer able to change its shape and thereby adjust itself for small objects. In order to take the place of this loss of power, glasses must be used. If this hardening process continues too far, the crystalline lens loses its transparency and no longer allows the light to pass through it. This condition is called a cataract. Spots on the outside of the eye are often called cataracts, but this is incorrect, for a cataract is a loss of transparency only of the crystalline lens.

The treatment of cataract is the removal of the now more than useless lens, and the substitution of a glass lens on the outside of the eye. "Second sight" is a condition which may occur in the very beginning of a cataract and is due to the fact that at first the crystalline lens may act more powerfully than before. As this occurs in very old people, who are usually delighted to think that their sight is returning, it is unnecessary to spoil their pleasure by telling them that they have a beginning cataract, for it often grows very slowly, and it is quite possible that it will never get a chance to become ripe.

Cross-eye or strabismus is due to weakness of one or more of the muscles which move the eye, so that it is pulled away from proper position. Double vision may occur at first because the two eyes do not work in harmony, but later the person learns to neglect the image received by the eye which requires the greatst strain in order to see. As a result, the sight in this eye becomes still worse, and in old cases of crosseye, is usually very bad.

As cross-eye is generally due to defects of sight, glasses should be tried, and this is often sufficient if they are used early enough. If they do not accomplish the purpose, an operation must be performed. This is done either by cutting the muscle which pulls too much (the usual method),

or by shortening the one which does not pull enough. Afterwards glasses must be worn, otherwise the operation may be of little value.

In regard to accidents, two classes must be mentioned:

- 1. Objects in the eye, technically called "foreign bodies."
- 2. Injuries to the eye with forks, etc. Objects in the eye may be (1) on the lids; (2) on the eyeball; (3) on the inside of the eye.

If the object be on the lower lid, it will probably be washed out by the tears; if on the upper, the lid should be turned over, and the object removed with cotton on a toothpick or a soft white handkerchief. If it be on the eyeball, not deeply situated, it may be removed with cotton on a toothpick. If deeply seated, co-caine must be used, and the object picked out with an instrument made for the purpose.

This should be done only by skilled hands.

Foreign bodies on the inside of the eye are of two kinds:

- 1. Magnetic-such as iron or steel.
- 2. Non-magnetic-such as wood, etc.

Magnetic objects are removed with the electro-magnet. Non-magnetic objects are removed with forceps. As a rule, an X-ray picture is necessary in order to know the exact position of the foreign body.

It would seem unnecessary to say that mothers should not allow children to play with forks, but when we consider the frequency with which the eyes are injured with them, we realize that this advice is by no means superfluous. The fork has generally been in the child's mouth or on the floor, and is covered with germs. These are introduced directly

into the eye, where they grow rapidly and may cause the eye to be lost.

Alcohol and tobacco in excess are injurious to the eyes.

Wood alcohol, which is often put in cheap whiskies, is especially dangerous, and many cases of total and incurable blindness have been caused by its use. Old people often become very susceptible to tobacco and a partial loss of sight called "tobacco blindness," is quite common among them. Fortunately, however, this condition, unless too far gone, is generally curable.

Excessive indulgence in candy or other sweets is injurious to the eyes of children, as it is apt to cause ulcers on the eye.

I have noticed that these are especially common about Christmas, when children are allowed to give almost full sway to their appetites.

Persons should never use the same basins or towels as strangers, for several contagious eye diseases, such as true granular eyelids, are spread in this manner.

No artificial light equals daylight, but there are several very good substitutes. The illumination should be of sufficient strength, but yet should not be too strong. Light reflected from water or snow is often very irritating, and in Switzerland snow blindness, caused by the glare of the snow, is quite common. This can easily be avoided by wearing smoked glasses if thus exposed.

Of the three methods of lighting (kerosene, electricity and gas), kerosene, although inconvenient, is probably the least injurious to the eyes, provided the modern high-grade lamps are used.

It, however, has the disadvantage of giving out heat, and making the atmosphere impure.

Electricity is valuable, but if intended for constant use, the loop should be covered with ground glass, for otherwise it is very irritating to the eyes. The arc light should not be used for constant nearwork, for it is too powerful and too irritating.

Gas may be used, provided the improved burners are used, for, with the old method, the light is yellow, dim and flickering.

Gas, however, even with the modern improvements, has the same disadvantage as kerosene—that of giving out heat and making the atmosphere impure.

The light should come from over the person's left shoulder, otherwise shadows will be formed by the head, shoulders or the hand.

The person should always sit erect, and the head should never be bent over.

If, as in large offices, each person is at a desk, and must have the light in front it should be provided with a shade (green is best), which will illuminate the object, but will not allow the glare to enter the eyes.

If this cannot be done, an eyeshade should be worn.

Reading while in bed or lying down should not be indulged in, for this tires the muscles and increases the flow of blood to the eyes.

Especially during convalescence is the

habit injurious, for during this period the eyes are extremely weak, and permanent injury may result.

In the prophylaxis of blennorrhea neonatorum I have confidence only in a two per cent. solution of silver nitrate (the original crédé method). After the baby's eyes have been carefully washed with a saturated solution of boracic acid, the physician or nurse allows one drop of the silver nitrate solution to fall on each eyeball. If the reaction is at all severe, cold clothes should be applied to reduce the irritation. The drug, however, is to be used only where there is danger of infection.

The eyes of a patient who has blennorrhea neonatorum should not cleansed by syringing, because this is dangerous, not only to the patient (for the now weakened corneal epithelmin is easily injured), but to the nurse as pus, may easily spurt into her eyes and infect her. The best method of cleansing the eye is to use an ordinary dropper, and after gently exposing as much of the conjunctiva as possible, to allow the solution to drop over it. If any pus does get into the eve of the attendant, it should immediately be washed out with a saturate i boracic acid solution and a drop of two per cent. silver nitrate put in the eye, after which cold applications should be made.



# Aursing in Nervous Diseases\*

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THERE is no more trying case for the nurse than the care of a patient suffering from one or more of the various forms of nervous diseases, because, as a rule, these cases are of long duration, and, whether the patient is or is not taking absolute rest treatment, he is more or less isolated, so that the nurse is constantly in the company of one who is continually taxing his patience to the utmost. He is, therefore, besides being confined indoors, under great nervous strain and consequently it is of the greatest importance that he take proper means to protect his health. If he is alone on the case, he should, at the earliest opportunity, make arrangements with the patient's relatives to have proper time for sleep and exercise. He should have at least two or three hours off duty every day, to be taken to suit the convenience of all concerned; but he will find that if it is possible to take these hours from two to four or from two to five in the afternoon, it will have a tendency to shorten what would otherwise be a long and tedious day.

When two nurses are attending the patient, it will be best to follow the method employed by Dr. F. X. Dercum, shown in the following time chart:

In this chart some hours have been duplicated at meal times. Of course the nurse is off duty when he is eating his own dinner, and it might be unnecessary to make a note of this; but the object of the chart is to show just how each man can get his meals and still have

the patient attended every minute of the day, which is a most important factor in the care of mental cases. It will also

TIME CHART FOR TWO NURSES.				
T	IME.	A.	B.	
7:45	to	breakfast and	Gives patient his	
8:30		M. eats his own.	Total Line and	
9:30	to A.	М.	Eats his own breakfast.	
8:30	A.	M. On duty.	Off duty.	
1:30	P.	M. Gives nationt his	Gets patient's	
12:45	to P.	M. Gives patient his dinner.	dinner and	
I :30 I :30	P.	M. Eats his own	eats his own.	
2:00	to P.	M. dinner.		
1:30 6:30	P.	M. Off duty.	On duty.	
5:45	P. to	M. Gets patient's supper and eats	Gives patient his supper.	
6:30	P.	M. his own.		
7:00	to P.	M.	Eats his own supper.	
6:30	P. to A.	M. On duty.	Off duty.	
0.30	4 5.	ATA.		

be seen that there is an alternation of hours every day, so that the nurse who works the afternoon of one day is free the afternoon of the next. This is better than to have the same hours every day for a week continuously, because it gives more variety and a better opportunity for each nurse to take advantage of any amusements that may be available. It will also be seen that the nurse is free every second night, which will

<sup>\*</sup>The above article refers particularly to men nurses and patients, but the principles herein enunciated apply equally well to both men and women.

enable him to have sufficient time for exercise and to rest undisturbed.

Of course the fundamental qualification of a nurse in caring for nervous patients is that he be strong and healthy, as S. Weir Mitchell, M. D., LL. D., says in his book, Nurse and Patient: "It requires a strong body and fortunate balance of moral and intellectual qualities to escape from being made morbid by constant contact with such suffering; and intensely sympathetic people are surely hurt by it, and themselves grow morbidly sensitive. When the unhappy invalid becomes exquisitely ill-tempered under the long pangs of illness, the constant nurse must endure a thousand petty trials of temper, and must know when to yield and when to resist the tiny and numberless oppressions of the patient; but incessant battle with one's self is exhausting, and soon begins to show its results upon the healthiest nurse, cooped up in the sick room. A pallid face, loss of energy, a certain passive obedience to routine duties are the consequences." The nurse who intends to take up the work of caring for the nervous and insane should not remain too long with one patient. Of course this all depends on the character of the case, and it will be possible to remain longer with one patient than with another, but if the illness bids fair to last more than a year the nurse will do well to stay only about six months, for at the end of that time he will not be able to do justice to a case requiring close attention.

Physicians recognize the fact that in cases of long duration a change of nurses often has a very good effect upon the patient and at the same time the nurse is equally benefitted.

In addition to physical and mental endurance, the nurse should possess the quality that is known as tact. Dr. J. Wallace Anderson says in his "Lectures on Medical Nursing:"

"Tact is a quality not easily defined; but if we go back to the original meaning we can construe a definintion upon it. It means, literally, touch—the touch of skill and experience. But it has a wider significance; it includes the mental touch, something more complete than the other; not a touch merely, but a grasp—a grasp of the situation, the comprehension of a difficulty, the grasping of it on all sides so that it disappears in your hands."

Next in importance to tact, the nurse should cultivate the power to observe at a glance the various symptoms of the invalid. A nervous patient when excited by unusual or sometimes by even trivial conditions, may exaggerate his feelings, and if he does, the fact should be at once reported to the physician, with the circumstances under which it occurred.

When the patient is exercising or allowed to attend places of amusement, great care should be taken not to tire him, and the observing nurse will soon be able to detect any evidence of fatigue. It will be well to stop all physical and mental exercises long before the patient is tired, so that he retains a good margin of strength.

In view of the many peculiarities displayed by people suffering from nervous disorders it will be seen how impossible it is to set rules to govern each individual; but a few characteristic symptoms are common to nearly all mental cases. Almost invariably the patient desires to talk about his many symptoms and to dwell on what he thinks has been the cause of his present condition. If this is allowed it will produce nervous excitement, mental depression and in many cases, "crying spells." The nurse must

do all he can to prevent his talking about himself and never, under any circumstances, tell stories of hospital experience, but always keep the patient as far away from his troubles as possible. He should, by careful observation, learn his patient's likes and dislikes, the subjects that please him most and those that are depressing. By so doing he will make his task lighter and at the same time keep the patient in a pleasant mood. When the patient is confined in bed, a sponge bath followed by an alcohol rub should be given daily. The patient may be bathed in the morning; but as insomnia is nearly always present, it is sometimes well to do this in the evening, as a bath at this time often has a soothing effect and not infrequently produces sleep.

Massage will be ordered in nearly all cases, and care should be taken as to the hour and duration of each treatment. For instance, patients suffering from insomnia will sometimes show improvement by having the massage a few hours before they retire for the night; on the contrary, some show the best results if the treatment be administerd one or two hours after the morning meal, but in the greater number of cases, the desired results will be obtained by giving the treatment in the afternoon. The room should be at such a temperature that when the patient is exposed he will not feel chilly. He should be kept as quiet as possible during the treatment and after the treatment should rest in a recumbent position for an hour or so. The first treatment should last for at least fifteen minutes. The time may be increased five minutes each day until the patient is receiving a thorough manipulation for one hour, which will suffice for all cases. In connection with massage, the Faradic battery is frequently prescribed and is given to stimulate circulation and exercise the muscles. In the latter instance, just enough current should be used to produce muscular contraction, while in the former case the current should be regulated to suit the patient's feelings.

In cases suffering from melancholia, the nurse must be unusually watchful, because many of these patients have suicidal impulses and therefore should never be allowed out of the nurse's sight. The windows should be fastened, doors locked, while knives, forks, razors and other instruments must not be allowed in the room; all medicines should be securely locked.

Hysteria is more common among women than men, but it does occur sometimes among male patients. Little or nothing can be done for this condition, but when the paroxysm is violent and of long duration, the nurse may safely give a dose of aromatic spirits of ammonia, which often has a very quieting effect.

In acute mania it will be necessary in many cases to restrain the patient. It is almost needless to say that this should be done as gently as possible. Usually force will be necessary, but it sometimes can be avoided by engaging the patient in conversation about his predominate delusion, and by agreeing with him in every way. Great care should be taken not to have the restraints too tight and they should be relaxed as soon as the condition of the patient will permit.

In the treatment of nearly all nervous diseases, the patient will for a time be on forced feeding and large quantities of raw eggs will be prescribed. Eggs taken raw often produce nausea, but the addition of orange juice will usually overcome this difficulty.

While the nurse will be sorely tried in

many cases and feels as if he could not stand the strain any longer, he should never betray his feelings to the one under his care, but always appear pleasant and ever willing to fall in with the many peculiar whims of his patient. The time will surely come when the patient will be able to understand what has been done for him; he will then realize what a trial he has been and will usually fully appreciate the kindness that has been shown him. It is then that the nurse will receive his reward for the many trying hours spent in his service.

# Cramination Questions\*

ANATOMY AND BACTERIOLOGY.

- Give a complete outline of a typical urine analysis.
- 2. How do you test for: (a) sugar? (b) albumin? (c) acidity? (d) spec. gr.?
- How large are bacteria? Are they animal or vegetable life? Differentiate between infection and contagion.
- 4. Name four diseases caused by bacteria.
- 5. Designate the diseases caused by bacteria. (a) pneumonia, chlorosis, septicaemia, typhoid fever.
- 6. Where is the anterior superior spine of the ileum? and why of interest? bicipital groove? spine of tibia, mastoid process.
- 7. How many bones in body and how divided as to form? How is the spinal column divided and number of bones in each division?
- 8. Name two muscles of the face and describe them. b scalp (1), neck 2, back 2, abdomen (2).
- 9. Where is the latissimus dorsi, Levator Labii superioris et alequa nasi, usorious, platysmia myoids?
- 10. Into what divisions are muscles divided? What is meant by origin

and insertion? How is a muscle fastened to a bone?

#### PHYSIOLOGY.

- Name the principal parts of the brain and describe the most important part.
- Name the largest and the longest cranial nerves, and describe one of them.
- 3. Describe a uriniferous tubule and its blood supply.
- 4. What is normal urine?
- 5. Name the ductless glands.
- 6. Describe a hair follicle.

QBSTETRICS (Senior Class).

- I. What is eclampsia gravadarum? Give its etiology and treatment.
- Name and describe the various hemorrhages which may occur in the pregnant, parturient and puerperal state.

Give in detail the treatment of post-partum hemorrhage.

- 3. Distinguish between: Abortion, miscarriage and premature labor.
  What are the causes and symptoms and what is the treatment of miscarriage?
- 4. Distinguish between sapramia and septicaemia. Give its etiology and

<sup>\*</sup>Class of 1908, St. Mary's Hospital, Green Bay, Wis.

- detailed treatment of puerperal septicaemia.
- 5. What are the causes of mastitis?

  Give your treatment of a threatened case.
- What is placenta previa? What are its dangers? Name and describe the varieties.
- 7. Give in detail your preparations in a private house in a case where the application of forceps has been decided upon by the attending physician.
- What is meant by sub-involution of the uterus. Give causes and symptoms.

PATHOLOGY (Senior Class).

- 1. What is pathology?
- 2. Define embolism.
- 3. Define thrombosis.
- 4. Define infarction.
- 5. What route does metastase take in carcinoma?
- 6. What route does sarcoma take?
- 7. Name five of the principal tumors.
- 8. What is inflammation?
- 9. What is a cyst?

SURGICAL NURSING (Senior Class).

- Give the symptoms and treatment of
   concraled post operation haemorrhage.
- 2. You are asked to prepare a patient (100) for laparotomy in the country.
- (100) for laparotomy in the country.

  Appendictomy is to be performed.

  Give all the necessary steps, including furnishing, the instruments, the anaesthetic and dressings.
- 3. Give the symptoms of fracture of one

- (25) of the long bones, and name the varieties of fracture.
  - 4. How would you try to avoid a stiff
- (25) joint, following a fracture or dislocation?
- 5. Name the eruption fevers and give
- (25) the symptoms of measles.

INFANT FEEDING (Senior Class).

- Name and describe conditions in which maternal nursing should not be allowed.
- 2. Give the symptoms of inadequate nursing.
- Name the conditions that may be present in a nursing woman's milk when the infant is not thriving.
- 4. How would you examine a specimen of woman's milk in order to determine the physical characters and the proportion of their elements?
- 5. Give in detail the rules governing the weaning of infants.

### MATERIA MEDICA.

- Give the tables of the imperial system of weights and measures. Measures of mass, measures of capacity.
- 2. What is meant by the remote action of a drug? Give an example.
- 3. Name the various parts of a prescription. Give an example.
- 4. What is strychnine? Give its physiological action, its use and the dose.
- 5. What do you know about diphtheria antitoxin? How would you prepare a patient for its administration?

# Practical Points

In cases of pelvic disease requiring drainage, where it is necessary to keep the patient in a sitting posture, a device known as a bed-swing is being used in some hospitals. To make this bed-swing a board three feet wide by eight inches is used. This is thickly padded with some washable material and attached by ropes to the head of the bed, which must be of quite a good height. With this device to keep the patient from slipping, and give support, a back rest and plenty of pillows, it is possible to secure for the patient a degree of comfort not possible without it.

For providing artificial heat for the sick a common soapstone about an inch thick by 9x12 inches, with a wire attached, is a very convenient arrangement, much less expensive and less liable to accidents than the rubber hot water bottle.

The electro-therm, a pad into which are woven wires insulated and protected, which can be connected to the ordinary electric light socket, is another device for securing artificial heat which has found favor in many hospitals and homes.

Two ideas picked up in going through operating rooms recently were the use of sterilizing bags made of stout twilled cotton with a draw string for putting instruments in that were to be boiled—this instead of wrapping the instruments in a towel or a piece of gauze, as is usually done. The second idea was the use of a face mask made of two pieces of gauze, seamed together, cut to conform to the shape of the head, with openings for eyes, nose and mouth. This is pulled

down over the head. Its advantage is in the economy of gauze. Instead of cutting fresh pieces of gauze for masks for each operation these masks are washed and used over and over again.

An appliance which the obstetrical nurse would surely appreciate and which ought to be added to the equipment of service rooms connected with every maternity ward is a little washing machine attached over the closet seat for washing babies' diapers and such things. It obviates all necessity of rubbing them by hand or putting the hands into the water. The cost is small and the convenience so great that no one who has once used one will want to do without it.

Three different antidotes are now being recommended for carbolic acid poisoning or burning—alcohol, common vinegar and iodine. The vinegar needs to be diluted if very strong and can be given internally in teacupful doses. Its effect is said to be fully equal to alcohol. Iodine is recommended to be given in teaspoonful doses in a teacupful of water if the patient is an adult and much acid has been swallowed.

Remember that the sprinkling of liquid commercial ammonia around a room that has been subjected to formaldehyde fumigation will neutralize the lingering fumes of the disinfectant.

A piece of gauze tied over a widemouthed glass container makes an excellent shaker, especially for quinine which is used for burned surfaces when healing has begun.

# The Seaside Home for Sick Children

T HE Seaside Home for Sick Children, Fall River, Mass., opened for its twelfth season on June 25.

Twelve years ago there was but poor accommodation for sick children in the hospitals of the city, and great need was felt for a properly equipped building where proper food, fresh air and intelligent nursing could be obtained.

The women's board and the staff of physicians of the Emergency Hospital made an appeal for help to the people of Fall River, and met with a generous response. A building was purchased on Sandy Beach, near the city, and converted into a small hospital, where the sick children were treated until 1901. when the building was accidentally burned after the close of the season. In 1900 the present building, with its modern conveniences, was erected on the shores of Mount Hope Bay. It is surrounded on three sides by wide, screened verandas, protected from the sun by bamboo curtains. On these verandas the cribs are wheeled each day and left until the early evening.

The main ward has twenty cots, all of which were donated by small friends of the home. Two were given in memory of the first matron, the late Mrs. S. B. Teague, who died the Summer the new home was opened.

The model food and bath rooms are on the first floor. Upstairs there is a second ward of twelve cots, making a total of thirty-two.

The food room has one nurse in charge for the season. The milk is supplied in sterilized jars and kept at a temperature of 35 degrees. After standing from six to eight hours it is siphoned off for the cream percentage for modifica-

tion. Milk is modified every twelve hours. Different formulas are used to meet the need of each baby according to its age and condition.

Sometimes buttermilk mixtures are used with good results, many babies thriving on these when all other formulas have failed to agree with them.

Barley water is oftentimes used instead of sterile water. Sterilized and pasteurized milk—the latter is made by bringing milk to a temperature of 155 degrees and allowing it to stand twenty minutes—are used when necessary.

Each jar and bottle is marked with the baby's number and sterilized; and all apparatus used in the food room is kept scrupulously clean.

In the bathroom are found foot tubs for the babies' daily bath, and a large tub for the children of three and four years. A weighing machine for the weighing of the babies, which is used twice a week, is kept here.

The home is open from June to September to all children suffering from Summer diseases; and proper food, abundance of fresh air, good nursing and competent medical attendance are to be obtained free of charge. Contagious cases are not admitted.

Mothers often bring their children in the early morning and remain until evening.

The home has lost one good friend this year, the late Rev. Dr. Hughes, who interested many persons in it and contributed from his private means to its support.

The physicians, headed by Dr. M. Kelly, have been untiring in their efforts for its welfare.

Miss Anna Read, who has been matron for the past six years, has been de-

voted and self-sacrificing. Her entire Summer's work three years ago was given without remuneration.

The churches and mills contribute an-

The work done at the home is much appreciated by the people of Fall River. The charity is one that appeals especially to mothers and to all who love chil-





GROUP OF NURSES AND CHILDREN AND FOOD ROOM. THE SEASIDE HOME FOR SICK CHILDREN, FALL RIVER, MASS.

nually to the support of the home, and dren, and many a little life that would many private subscriptions are received. The children's clothing, etc., has been donated.

have been sacrificed in the hot and crowded tenements of the city has been saved.

# Department of Army Nursing

DITA H. KINNEY
Superintendent Army Nurse Corps

THE interest in the new Navy Nurse Corps so overshadows any of the incidents which are usually chronicled in these notes that it is scarcely worth while to mention the latter. For the benefit of those who have not already seen it we quote the Bill authorizing the new corps:

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the nurse corps (female) of the United States Navy is hereby established, and shall consist of one superintendent, to be appointed by the Secretary of the Navy, who shall be a graduate of a hospital training school having a course of instruction of not less than two years, whose term of office may be terminated at his discretion, and of as many chief nurses, nurses and reserve nurses as may be needed: Provided, That all nurses in the nurse corps shall be appointed or removed by the Surgeon General, with the approval of the Secretary of the Navy, and that they shall be graduates of hospital training schools having a course of instruction not less than two years.

"Sec. 2. That the appointment of superintendent, chief nurses, nurses and reserve nurses shall be subject to an examination as to their professional, moral, mental and physical fitness, and that they shall be eligible for duty at naval hospitals and on board of hospital and ambulance ships and for such special duty as may be deemed necessary by the Surgeon General of the Navy. Reserve nurses may be assigned to active duty when the necessities of the service demand, and when on such duty shall receive the pay and allowances of nurses: Provided, That they shall receive no compensation except when on active duty.

"Sec. 3. That the superintendent, chief nurses and nurses shall respectively receive the same pay, allowances, emoluments and privileges as are now or may hereafter be provided by or in pursuance of law for the nurse corps (female) of the Army."

The Navy nurses are to have cumulative leave, thirty days per year, sixty days provided that the same be taken once in two years, or ninety days provided that the same be taken once in three years.

It is intended that every nurse applying for admission to the corps shall be mentally as well as physically examined by a medical officer of the navy. Nurses who have given satisfactory service and severed their connection with the Navy Nurse Corps will, if they re-apply, be obliged to be re-examined before appointment. Rumor has it that a nurse discharged otherwise than honorably (in other words, a nurse whose conduct has not been all that it should be) will in no case be given transportation to her home. Nurses so discharged outside of the limits of the United States will be given transportation to San Francisco and then left to find their way home without assistance from the Government.

In common with the officers and enlisted men of the Navy all nurses will be checked 20c. per month for the hospital fund (this to provide for their care during illness).

The Superintendent of the Army Nurse Corps surely voices the sentiments of all the Army nurses when she adds to her own greetings their good wishes.

To take up our own family affairs. We chronicle with mingled feelings of regret and pleasure the discharge of Chief Nurse Julia Woods, whose connection with the corps was severed in Manila on July 31. As is generally known, Miss Woods left the corps to be married to Captain H. S. Wagner, of the 14th Infantry, at present stationed at Camp Downes, Ormoc, Leyte, P. I. Congratulations and all good wishes!

After three and a half years as chief nurse at Fort Bayard, Miss Martha E. Pringle was discharged at her own request for a rest. The affection and loyalty of her nurses were demonstrated the evening before Miss Pringle left by an informal reception and the presentation to her of a beautiful turquoise pin set in filigree gold. They and the nurse corps were distinct losers by Miss Pringle's resignation, and should she elect to request reappointment she will be welcomed by all with open arms.

Other discharges have been: Frances B. Dodds, from the General Hospital, San Francisco, and Minna C. Timme, from the Division Hospital, Manila. Both requested discharge to be married. Elma Baker, Kathleen V. Roney, Edith M. Hodges and Minnie A. Philippens, on duty at the General Hospital, San

Francisco, discharged in San Francisco. Discharged at her own request on expiration of term, Bertha Billiani, now Mrs. S. L. Schnitzer.

The appointments since the last notes have been: Louise C. Boldt, graduate of the Farrand Training School, Harper Hospital, 1907; Sarah E. Sagar, Trinity Hospital Training School, Milwaukee, 1906; Margaret T. Wahls, Newark German Hospital, 1905; Johanna Linehan, St. Joseph's Hospital, Milwaukee, 1906, with a post-graduate course at the Cook County Hospital of Chicago, December, 1907, to July, 1908; Bessie C. Osbaugh, Medico-Chirurgical Hospital of Philadelphia, 1907, and Mame Gertrude Johnson, Borgess Hospital, Kalamazoo, Michigan, 1905. All the above named nurses have been assigned to duty at the General Hospital, Presidio, San Francisco.

We chronicle with pleasure the appointment of Nurse Mary E. Craig as temporary chief nurse to fill the place left vacant by Miss Pringle. Miss Craig has had the longest continuous service of any nurse now in the nurse corps, which she entered on July 29, 1898.

Chief Nurse Dora Thompson and Nurse Carrie Howard were assigned to duty on the transport Crook with the troops going to Alaska. They sailed from San Francisco June 20 and returned July 31. They will resume their respective duties at the General Hospital, Presidio.

Nurses Mary H. Hallock and Hannah P. Morris were transferred from the Division Hospital to Zamboango, Mindanao, P. I.; Margaret Moore and Clara M. Selover from Zamboango to the Division Hospital, and thence to the United States for duty; Louise De Pue Maguire and Jane G. Molloy left San Francisco for duty in the Philippines Division on the transport sailing August 5.

# The Diet Kitchen

#### Meat Preparations

ROSAMOND LAMPMAN.

PAPER III.

THE clear juice of beef contains serum, lymph and blood and is considered an excellent article of diet in many cases of severe gastric disturbances. It also forms a good introduction for the stomach to solid food after a long illness, in which milk has been the principle article. It is best when served warm, but if preferred it may be chilled or frozen. When reheating beef juice great care must be taken not to heat above 138 degrees Fahr., for if allowed to go higher the albumen coagulates, and it will be unfit for use.

Beef Juice.—Broil slightly a round of steak, cut an inch thick, over a quick fire. Divide it into inch squares; put each piece into a lemon squeezer and squeeze out all the juice while hot. Add a little salt. When ready to serve, put the desired amount into a heated cup, or place the cup containing the juice in a basin of boiling water; stir carefully, and, as soon as it is hot, serve.

Beef Tea.—Cut up a pound of beef from the round into pieces the size of dice. Put into a covered jar with two pints of cold water and one-half teaspoon of salt. Let the beef soak in the water, stirring occasionally, for two hours, then put it on the range. Heat gradually until the red blood disappears. Be very careful that it does not reach the boiling point. Skim off all grease and serve hot with sippets of toast.

Scrapped Beef.—Scrapped beef is often recommended for patients suffering from gastritis, typhoid convalescents and others. It is best when made from tender beef steak, broiled for a few minutes over a clear fire. Rare roast beef or mutton chops may also be used. Scrape with the edge of a spoon until the space scraped has no meat on the surface, but only the white fibre; cut this off with a sharp knife, exposing another surface. The pulp may be passed through a sieve, although this is not absolutely necessary. Season with salt and pepper and spread it on thin slices of bread and butter; or it may be made into small cakes and browned slightly.

Raw Meat Sandwiches.—Take three ounces of raw beef with one ounce of fine bread crumbs and a speck of sugar; put the meat through a fine sieve, mix with the bread crumbs, sugar and a little salt and pepper; spread between thin slices of either brown or white bread and butter.

Broths.—The nutritive value of meat broths depends upon that which is extracted from meat, bone and gristle by the process of long, slow cooking in water. Broths are usually made from beef, mutton, veal or chicken, and when properly prepared they contain more or less protein, gelatin and fat and are really foods as well as stimulants.

Beef Broth.—To one pound of chopped beef add one pint of cold water. Let it stand in a covered glass fruit jar for six hours, then place the can in a kettle of cold water, cover closely and cook slowly for three hours. Cool, skim off the fat and clear with an egg. Season and serve hot with some very hot toasted crackers.

Mutton Broth.—Take one pound of mutton from the neck, wash thoroughly, cut the meat into small pieces and crack the bones; then add one quart of water and let it simmer for three hours. Season with salt and peper one-half hour before removing from the fire. Strain through a coarse sieve or colander; let it stand until cold, then remove the fat.

Chicken Broth.—Chicken broth is stronger and better flavored when made from an old fowl. Wash and clean thoroughly, dissect the joints and chop all into small pieces. Add one quart of cold water to each pound of fowl, one teaspoon of rice and one saltspoon of salt. Let it simmer slowly for two hours. Strain and set away to cool before serving, in order to remove all fat. Serve hot with toasted crackers or a little very brown toast.

Veal Broth.—To one pound of knuckle of veal add one pint of cold water, a little salt, two teaspoons of sugar and a small piece of mace. Cook slowly for two hours, let it cool, skim and reheat. This is useful for white soups and with the addition of a little cream is very nourishing.

Oyster Broth.—To one pint of white stock add one cup of oysters; bring to a boil, season with a little salt and pepper, serve with hot crackers. This is very nice for those who object to milk.

Oyster Broth with Milk.—Put equal quantities of oyster juice and milk on the range in separate vessels; when the juice comes to a boil skim and slightly thicken; then pour in the milk boiling hot and add the oysters one by one. Let them remain on the range until the edges ruffle. Serve immediately.

Clam Broth.—Take one quart of clams, strain off the juice and chop the clams very fine; return to the juice and simmer one hour. Put on to scald as much milk as juice. Strain out the clams, thicken the juice with one teaspoon of cornstarch stirred smooth in a little cold water. Pour the juice into a bowl and add the milk. For convalescents only cut off the hard part of the clams, chop the soft part and leave them in the broth.

Clear Clam Broth.—Take little neck clams unopened, wash them very clean, place on the top of the range in a basin and when the shells open take them off, remove the clams and pour the juice into a bowl. Strain and serve very hot. If the broth is too strong it may be diluted with a little boiling water. This is excellent for very sick patients; give only a teaspoonful at a time. It will often check nausea.

#### Colorado Springs.

The regular monthly meeting of the Colorado Springs Registry Association was held in Stratton Park, August 6. After the busi-

ness meeting a picnic lunch was spread and very much enjoyed by the twenty nurses present. Several visiting nurses spending their vacations in the city were guests.

# Editorially Speaking

#### What Are Conventions For?

In considering a convention program where the social features, banquets, receptions, musicales, sight seeing trips, automobile rides, etcetera, outnumber by actual count the sessions of the convention proper the question rises pertinently: "What are conventions for?"

If the purport of the Associated Alumnae Convention at San Francisco was a play-spell, a recreation time for nurses, it was undoubtedly a success. The hospitality and entertainment extended to the convention as a body and to delegates as individuals was truly munificent; in keeping with the reputation of the state for free handedness.

A delegate writes in her report: "The days were filled to repletion with entertainment and courtesy extended as to an honored guest. One felt discourteous and inappreciative to decline and, with the example before us of the very officers shuffling the program, doubling up and cutting out sessions in order to go and do and see, it did not seem so reprehensible to cut sessions early, come late or not at all, as it now does when I present this most inadequate report." This speaks for itself, and we think not inadequately for many. Some delegates were, perhaps, more conscientious at the conventions, others less so in their reports.

It would be most interesting could we know what the delegates carry from the convention as its strongest impression. What did you, as a delegate, take back to your association? What stands out as the thing accomplished by this grand

convening? We asked one delegate these questions, and after hesitation she said that the chief result was probably more in the nature of a general inspiration to the whole profession than in specific accomplishment. Just how she would impart this general inspiration to her associates was not disclosed.

We reiterate, what are conventions for? and further, what do the annual conventions of the Associated Alumnae accomplish?

In the plethora of papers on the program we find such subjects as Public Health, Almshouse Nursing, The Training School Curriculum, Pupil Nurses Home Life, Newer Methods in Medical and in Surgical Nursing—broad, important, vital subjects in which the nurse, as an individual, is particularly interested, perhaps, and in some of which, as a member of her profession, she may be a considerable factor, but are they the subjects which a nurses' convention could and should discuss for the profession's profit?

We suggested editorially a year ago that we would like to see such a subject as "How can ethical principles be established in the profession and in the individual nurse?" undertaken by the convention. Surely effort and action for reforming, modifying and perfecting should first be directed to the profession and those things within the profession's province.

The nurse, or the work of the nursing profession, is undoubtedly an important factor in the problem of tuberculosis, but it is most surely beyond the primary purport or rightful province of an alumnae convention to prepare resolutions to be presented at the International Congress on Tuberculosis recommending physicians to desist from sending *impecunious* tubercular patients to a certain locality supposed to be climatically favorable.

Almshouse reform has for two years occupied a prominent place in the convention's deliberations. -It is a philanthropic work for which the country through there is probably some need; but it is no more a nurse's problem than her individual interest in this particular form of philanthropy would dictate. If a nurse makes a professional engagement to care for almshouse cases, well and good, it is her duty then professionally to see that what comes within her province is in accordance with humanitarian principles, but otherwise her relation to the almshouse is that of a private citizen. It is regrettable that the burden should have been assumed by an association which so much needs to concentrate its efforts on the problems of the profession for which it stands. Its committee recommends that the "work be taken seriously to heart," being one which requires "years of patient and unremitting attention." whether there will be any result from either of the actions just considered remains to be seen. The numerical strength of the association is of comparatively little value if its numerals are not arranged in concerted logical order. It sounds forceful that "a body of 14,000 members," represented by delegates, vote to do this, that or the other, but what tangible results stand out from last year's unanimous vote in favor of a three years' course? Or what, from the recommendation to delegates to present to their societies the desirability of obtaining representation on Training School Boards? It was reported this year as being practically without result, one school we believe having considered the matter favorably.

It sounds impressive to appoint committees on Public Health, National Pension Fund, Care of People of Moderate Means, etc., but what is accomplished? After a year these committees report "nothing especial to report, lack of time prevented co-operation of committee." Again, "Committee failed to assemble," one member reporting herself as "interested, but too fagged to suggest an idea," and again, "Committee did not get together. No data collected or work done."

What value is there in voting to do a certain thing, appointing a committee to do it, listening a year later to a report of nothing done, reconstructing and reinstructing the committee and turning it loose for another year.

This year's convention was well managed, well taken care of, well entertained, but was all that effort worth while in view of its accomplishments?

## The Nurse as an Educator

For many years it has been recognized that the function of the trained nurse included not only personal service to the sick, but also the dissemination of knowledge regarding the preservation of health, first aid to the injured and the proper management, so far as opportunity affords, of the cases of minor illness that occur in every home. Every one knows that every woman at some period in her history is obliged to assume the responsibilities of a nurse, and all nurses know of the misery and suffering endured by many of the sick in the homes of the middle

and lower classes, because of ignorance and bad nursing. Because this is true, different organizations have, from time to time, arranged for classes for mothers and young women where instruction in hygiene and home nursing could be given. The Young Women's Christian Association has long regarded such classes as an important part of its educative work. Nurses have freely given of their time to conduct home nursing classes, and have been glad of the opportunity to pass on to others a part of the knowledge they had received.

It must, therefore, have been somewhat of a surprise to a great many members of the New York County Nurses' Society, at its meeting a few months ago, when the Red Cross situation was discussed, to hear this function of the nurse denounced as an unwise and dangerous policy. When it was stated that a Brooklyn division of the Red Cross Society was planning for courses of lectures to the laity in Hygiene, Sanitation, Emergency Nursing, &c., Miss Dock is reported to have expressed her opinion that "If such people were given instruction by the Red Cross it would be detrimental to the interests of the properly qualified nurse, because these amateurs would immediately enter the nursing field in competition with the registered nurses, and it was the duty of the registered nurses to protect the general public from all such nursing quacks. She did not think the nurses ought to enroll unless the Red Cross agreed not to do anything of the kind." One cannot but wonder what Florence Nightingale would think of such sentiments, coming from one who claims to be a leader of nurses and a representative of true nursing principles. What would be thought of a physician who advocated keeping people in ignorance of the laws of health because, otherwise, "it would be detrimental to the interests of the properly qualified" physician? Does any sane person believe that a course of a dozen such lectures on such subjects would enable a woman to compete with a hospital graduate? Would any physician be likely to think so, and is it not the physician who, nine times out of ten, recommends that a trained nurse be called to a case? Certainly this public expression of narrowness and selfishness, as representing the spirit of nurses in general, is not likely to add to their popularity. All nurses who have in them a spark of altruism must feel indebted to Miss Gladwin, who disagreed with Miss Dock's position on this occasion. "Miss Gladwin stated that she had met the women in Brooklyn who were interested in organizing this class, that they were chiefly the mothers of families and homekeepers. Not one of them supposed for an instant that attending a few lectures would qualify her to take the place of the professional nurse. Miss Gladwin said she had spent several years in a small town where there was much demand for such simple instruction as these classes were intended to give, to help people to live better and to prevent sickness and disease. She had frequently been asked to instruct such classes. She had done so in the past, and should be glad to do so again whenever her other work permitted." All over the country there are nurses who must applaud this sentiment and attitude. In fact, one cannot see how nurses can afford to take any other position in regard to the education of the common people in these matters. Nurses are doing this educative work and will continue to do it in spite of Miss Dock's protests. Nurses from the Rochester Homeopathic Hospital have charge of the classes in elementary nursing in the Y. W. C. A. Nurses in Chicago have held classes for girls in the stock yards district, and here and there all over the country this kind of social service is being carried on by nurses. In England the work of teaching mothers the principles of hygiene and nursing is carried on to a much greater extent than here. It is in keeping with the spirit of the times and it will increase rather than diminish with the years.

## Another Opinion

In striking contrast to Miss Dock's position on the nurse's duty as an educator are the sentiments expressed by President Eliot, of Harvard University, at the dedicatory exercises of the new Harvard Medical School. Dr. Eliot emphasized especially what he believed was an exceedingly important part of the physician's work—the function of teaching the whole population how diseases are caused and communicated, and the necessary measures for prevention. In this connection Dr. Eliot said: recent campaign against tuberculosis is a good illustration of this new function of the profession. To discharge it well requires, in medical men, the power of interesting exposition, with telling illustration and moving exhortation. viously the function calls for disinterestedness and public spirit on the part of the profession; but to this call it is certain that the profession will respond. \* \* The medical schools should also habitually arrange for popular lectures on medical subjects, and these lectures should be given without charge on

days and at hours when working people can attend." This "new function of the medical profession" is being exercised increasingly each year. Physicians of high repute are freely giving their time and strength to lecture to the common people in churches, schools and halls, as opportunity affords. Churches and clubs have undertaken to arrange for such lectures. and this form of social service has but begun. There is here a splendid opportunity afforded the nurse to serve her generation in an unselfish spirit, and it is safe to say that the best nurses of the land will stand ready to assist physicians in this work of popular education.

## American Hospital Association

WE would again call attention to the Conference of the American Hospital Association, which will be held at Toronto, September 29 and 30 and October 1 and 2, with headquarters at the King Edward Hotel.

By reference to the program, which was published in our August number, it will be seen that it is one of the best that has ever been presented. The subjects chosen are of high educational value, dealing with the practical questions constantly confronting the hospital worker. Dr. S. S. Goldwater, the president of the association, is one of the foremost hospital men in the country-broad, progressive and full of enthusiasm for the best interests of American hospitals. These facts, taken in connection with the beauty of Toronto as a city, and the reputation of Canadians for hospitality, give promise that this tenth annual conference will be one of the most notable in the history of the association.

# In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### The Navy Nurse Corps' Superintendent.

The long discussed Navy Nurse Corps is fait accompli, and Miss Esther Voorhees Hasson has been selected as its superintendent.

Miss Hasson comes of a long line of military ancestors, and is a Daughter of the American Revolution and a member of the Spanish-American War Nurses. Her great-grandfather was a surgeon in the Revolutionary War, her grandfather served with distinction in the War of 1812, and her father was a surgeon (Major) in the Civil War, who died about twenty-five years ago. Following the family traditions, a brother graduated from the Naval School at Annapolis, but served only two years as an officer, as he died in 1903.

The subject of this sketch was born in Baltimore, Md., and was educated in private schools of Washington, D. C., and Germantown, Pa. Her professional education was received in the Connecticut Training School for Nurses, connected with the New Haven Hospital, in the city of that name. She graduated in 1807, and for a year thereafter did private nursing. She was among the earliest appointees for duty as a nurse in the Spanish-American War (her contract bears date of June 1, 1808), and her first assignment was to the hospital ship Relief, were she remained for nearly one and a half years. nurses left that ship Miss Hasson's next post of duty was the old First Reserve Hospital (now called the Division). Here she so fully demonstrated her executive ability that she was recommended for promotion to chief nurse, and five months later organized the nursing service in the Brigade Hospital at Vigan, P. I., where she stayed for about a year, at the expiration of which she requested discharge to return to the United States to be near her aged mother, whose health was failing. Her request was granted, and she severed her connection with the Army Nurse Corps in August, 1901. Since then her time

has been divided between caring for her mother, private nursing and institutional work. One year and a half was spent in the hospitals on the Isthmus of Panama. Sne left that service last October.

As Superintendent of the Navy Nurse Corps Miss Hasson, with the twenty nurses to be immediately appointed, will occupy rented quarters as near as possible to the United States Naval Medical School Hospital, Washington, D. C. Eventually quarters will be built on the hospital grounds for their accommodation.

The present plan, and a most excellent one, is to have all appointees report for their first duty at this station, where they will be under the immediate supervision of the Superintendent. Later the nurses who have demonstrated their entire acceptability will be sent out to other naval hospitals in this and in foreign countries, as the Surgeon General of the Navy may deem advisable.

The officials of the Medical Department of the Navy are to be heartily congratulated upon their choice of a woman of Miss Hasson's ability and good judgment. The new Superintendent should also be felicitated, for while she has undeniably plenty of good hard work before her, she will have the superlative happiness of organizing the new corps and of equipping it for its high office of service to our country and to humanity.

May her days be full of pleasantness and her paths be paths of peace!

#### Michigan State Nurses' Association.

The fourth annual meeting of the Michigan State Nurses' Association was held June 30, July 1 and 2 at Epworth Heights, Ludington. Tuesday, June 30, from 10 to 11 o'clock, was set aside for registration of members and the payment of dues.

At 2:30 P. M., after the call to order and invocation, Mr. Cartier, Mayor of Ludington, gave the nurses a most cordial welcome,



SUPERINTENDENT AND GRADUATING CLASS, CITY HOSPITAL, AUGUSTA, GA.

which was responded to by Miss Thete Mead, of Cedar Lake.

After the reports of officers and chairmen of committees, Miss Elizabeth Parker, of Lansing, president of the association, gave an address which could not help but inspire all who heard it to better efforts in behalf of the association work. Following this was a parliamentary law drill by Mrs. W. H. Holden, of Detroit.

In the evening a reception was given by the citizens to the visiting nurses, which was greatly enjoyed by all.

At 9 o'clock Wednesday morning Mrs. Holden continued the parliamentary law drill. Miss Ida Barrett, of Grand Rapids, delegate to the State Federation of Women's Clubs, was unable to be present, and her report was read by Miss Bessie Goodrich.

Mrs. Foy, of Battle Creek, delegate to the Nurses' Associated Alumnae meeting, gave such a vivid and entertaining description of her trip to San Francisco that all felt that they had been denied a rare treat in being unable to attend that meeting.

A paper on "Nursing for the Small Wage Earner," by Mrs. Flora Neiman, of Grand Rapids, created a great deal of discussion. All nurses are interested in this phase of the work, and hope some way may be evolved to solve the problem.

In the afternoon all work was put aside and a picnic dinner at Hamlin Lake was greatly enjoyed. After dinner all were taken in automobiles and carriages for a drive-around the city and to visit the Paulina Stearns Hospital.

At the evening session three most interesting papers were read, one on "The Profession of Nursing," by Mrs. L. E. Gretter, of Detroit. Dr. W. S. Rowland, of Detroit, sent a paper on "Red Cross Work," which was read by Miss Durkee. This paper awakened a great deal of interesting discussion, and brought out the fact that Michigan nurses are very backward along this line.

Miss Sly, of Birmingham, was unable to be present, and her paper on "Why We Need State Registration" was read by Miss Ada Waters. This paper was of especial interest and help to all.

At 10 o'clock on Thursday, by vote of the association, Mrs. Holden gave another drill in

parliamentary law. These drills were very much appreciated and very helpful.

The election of officers followed.

President—Miss E. L. Parker, Lansing. First Vice-President—Mrs. M. S. Foy, Battle Creek.

Second Vice-President-Mrs. G. O. Switzer, Ludington.

Recording Secretary—Miss Elizabeth Flaws, Grand Rapids.

Corresponding Secretary — Miss Fantine Pemberton, Ann Arbor.

Treasurer-Miss Agnes Deans, Detroit.

Two Counsellors, Miss Linda Richards, of Kalamazoo, and Miss Isabel McIsaac, of Ben ton Harbor, were unanimously elected.

At 2 o'clock all went for a boat ride on Lake Michigan. An experience meeting conducted by Mrs. Foy was held during the ride. The subjects taken up were "The Reasons for the Shortage of Applicants in the Training Schools" and "How to Provide Nurses for Small Hospitals."

The fifth annual meeting will be held in Saginaw in 1900.

### Omaha, Neb.

The fourth annual meeting of the Alumnae Association of the Nebraska Methodist Hospital was 'neld in the reception room of the new hospital Our meeting was held June 14 instead of the regular day, May 28, so that the members could be present to attend the dedication and reception of the new hospital, also graduating exercises of the class of 'o8. In the absence of the president, Miss Alberta Coleman, Miss Kelley presided. Twenty-one members responded to roll call. Seven new members were received into the association.

After the regular business meeting the alumnae nurses served the first meal in the new dining room, after which several hymns were sung and a social time enjoyed. It was the privilege of the graduate nurses to furnish the new dining room.

#### Civil Service Examination,

The United States Civil Service Commission announces an examination on September 16, 1908, to secure eligibles from which to make certification to fill a vacancy in the position of assistant superintendent of nurses (female), Freedman's Hospital, Washington,

D. C., at a salary of \$480 per annum with maintenance, and vacancies requiring similar qualifications as they may occur in that hospital.

The examinations will consist of the subjects mentioned below, weighted as indicated:

Applicants must indicate in their applications that they are graduates of recognized training schools, having at least a two-years' course, and that they have had at least one year of subsequent experience in a modern, well-equipped 'nospital.



GRADUATING CLASS, ST. MARY'S HOSPITAL, GREEN BAY, WIS.

Subjects.	Weights
r. Anatomy and physiology	
2. Hygiene of the sick room	20
3. General and surgical nursing	20
4. Obstetrical nursing	20
5. Housekeeping, dressmaking and la dering	20
6. Training and experience (rated application)	
Total	10

Age limit, 20 years or over on the date of the examination.

This examination is open to all citizens of the United States who comply with the requirements.

Applicants should at once apply to the United States Civil Service Commission, Washington, D. C., for application form 1312, which contains all information. In applying for this examination the exact title—Assistant Superintendent of Nurses (Female) Freedman's Hospital—should be given.

#### Army Nurses for Germany.

Dr. Anita Newcomb McGee, who is making an extended tour of Europe, sends us word that Germany has decided to follow the examples of the United States and England and establish a corps of trained women nurses in its army, for service in peace as well as war. The regulations are now under consideration, and will be promulgated some time next Winter. In April, 1909, the first Army Sisters will be appointed, and meantime quarters are to be prepared at the larger hospitals for them. It is understood that appointees must have received their training before being eligible, as with us. The best army nursing has previously been done by the German Society of the Red Cross, which has its own hospitals and trains its Sisters especially for military service.

### Red Cross Nurses.

The following nurses have recently enrolled in the New York State Branch of the Red Cross:

J. Estelle Miner, R. N., New York City; Lottie S. Argabrite, R. N., New York City; Nora Brown, R. N., New York City; Emma Frances Giblyn, R. N., New York City; Edith Agnes Hemtchel, R. N., New York City; Jane Theresa Taylor, R. N., Panama; Martha Montague Russell, R. N., New York City; Agnes Gertrude Queenen, R. N., New York; Gladys Anne Christopher, R. N., Troy; Eudocia Jeanette Higley, R. N., Troy; Guy C. Wolcott, R. N., New York City; Eleanor M. Scott, R. N., Rochester; Edith Kelly, R. N., New York City; Minnie E. Lumney, R. N., New York City; Agnes S. Ward, R. N., New York City; Anna J. Brambach, R. N., Panama; Edith Abrams, R. N., New York City; Ida M. Collins, R. N., Troy; Grace A. Stiles, R. N., Troy; Martha Jane Stewart, R. N., Troy; Carolyn A. Wagner, R. N., Troy; Laura B. Bunting, R. N., Troy.

### Vassar Hospital Nurses.

Miss Josephine Montgomery spent the first two weeks of July at Asbury Park, N. J.

Dr. and Mrs. Frederick Snyder are now in Kingston, N. Y. Mrs. Snyder was formerly Miss Nellie Palen, '05. Miss Ida Williams, class of '06, is ill with typhoid fever at 'ner home in Brewster, N. Y. She is attended by her classmate, Miss D. Shelley, who has just returned from an extended trip through Pennsylvania.

Miss Mary F. Griffen is summering in Rhode Island.

Miss Claribel Wheeler, assistant superintendent of nurses at Vassar Brothers' Hospital is stopping at Asbury Park. She is accompanied by her mother and sister.

Miss Mary E. Ebert, class of '05, and Miss Emma L. Carey, class of '01, have returned from their vacations, spent at Wilkesbarre, Pa., and vicinity.

Miss Martha E. Johnson, class of '05, enjoyed a two weeks' visit with friends in Yonkers, N. Y.

The moonlight sail to West Point and return given by the Alumnae Association of Vassar Brothers' Hospital Training School for Nurses June 17, 1908, was a decided success both socially and financially. Much credit is due the committee in charge, which was: Miss Mary E. Still, first chairman; Miss Martha E. Johnson, second chairman; Miss Jennie D. Wood, Miss Minnie H. West and Miss Claribel Wheeler. Refreshments were served and dancing was enjoyed on board.

### Camp Roosevelt.

The next meeting of Camp Roosevelt will be held on Wednesday, September 9, from 2:30 to 5 o'clock, at 596 Lexington avenue, New York City.

## Personal.

Among the students taking the Summer courses in the Swedis'n system of massage and gymnastics, electro- and hydro-therapy at the Pennsylvania Orthopaedic Institute and School of Mec'nano-Therapy, Philadelphia, are the following nurses:

Miss Julia Crosby Wright, of New Hamburg, N. Y., graduate Bellevue Hospital, New York; Head Nurse of Emergency Hospital, Bellevue; Asst. Supt. Englewood Hospital, Englewood, N. J.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.)

Miss Delphina E. Capling, Cannington, Ontario, Canada, (graduate St. Luke's Hospital, Newburgh, N. Y.; Resident Nurse at Wellesley College Hospital, Wellesley, Mass.)

Miss Florence Victoria Schell, Wallum Lake, R. I., (Westboro Insane Hospital, Westboro, Mass.; Rhode Island State Sanatorium, Wallum Lake, R. I.) Miss S. Amelia Schuler, Hazleton, Pa., (graduate Philadelphia Lying-In Charity Hospital and Pottsville Hospital, Pottsville, Pa.; Seaside Hospital, St. John's Guild, New Dorp, Staten Island).

Miss Lavinia Hutt, Roxbury, Mass. (graduate Posse Gymnasium, Boston, Mass.; in charge of Dr. E. G. Brackett's Gymnasium, Boston, Mass.)

Mrs. Myrtle Edith Sherbon, Colfax, Iowa (Victoria Sanitarium, Colfax, Iowa).

Miss Stella Marie Waterhouse, Maitland,



A GROUP OF TRAINED NURSES WHO GRADUATED WITH THE WINTER CLASS, '08, AT THE PENNSYLVANIA ORTHOPAEDIC INSTITUTE, PHILADELPHIA, PA.

Miss Frances M. Reyner, Ansley, Nebraska (Dr. Bailey Sanatorium, Lincoln, Nebraska).

Miss Wavie H. Stiles, Sioux City, Iowa (Samaritan Hospital, Sioux City, Iowa).

Miss Harriet Cleek, Lexington, Kentucky (graduate Good Samaritan Hospital, Lexington, Kentucky; post-graduate Free Hospital for Women, Brookline, Mass.; Head Nurse of Infirmary of Eastern Kentucky Asylum for the Insane; Head Nurse of Dr. Cowan's Private Hospital, Danville, Kentucky).

Miss Annie Rebecca Wallace Moore, Collingwood, Ontario, Canada (graduate Collingwood General and Marine Hospital).

Florida, (graduate St. Barnabas Hospital, Newark, N. J.; Harris Sanatorium, Orlando, Fla.)

Miss M. S. Atchison, who has been Matron of the Miners' Union Hospital, Goldfield, Nevada, returned to her home in Ottawa, Canada, about August 15.

Miss Stella Day, who has been in charge of the Trail Hospital, B. C., for the past year, left for the East August 15.

Miss E. Templeton has resigned her posi-

tion as Superintendent of the Woman's Hospital, Montreal, Canada, and is taking a much needed rest at Calgary.

Miss Elizabeth Brown has been appointed Superintendent of the General Hospital, Moosomin, Sask., Canada. Miss Brown is a graduate of Harper Hospital, Detroit, Mich., and an R. N. of New York City, and has been doing private nursing in New York City for the past six years.

Mrs. Elizabeth Hartsock, who has filled the position of Supervising Nurse at the City Hospital, Springfield, Ohio, has resigned her position and gone to her home in Spring Valley. In appreciation of her work at the institution a number of the members of the hospital staff and city physicians got together and made a trip to the hospital to bid her farewell. Mrs. Hartsock was presented with a beautiful pin, the presentation speec'n being made by Dr. R. L. Bell. A letter of recommendation was also given her by the members, and signed by a long list of physicians who are called into consultation at the hospital. After a few days' rest at her home Mrs. Hartsock will go to Birmingham, Ala., where she has been engaged to take charge of a large private hospital.

Miss Maud de Chantal Browne, a graduate of the Memphis City Hospital Training School for Nurses, has gone to Panama, where she will enter active service in one of the Government's hospitals for the canal workers.

Mr. Max J. Walter, the superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has gone to Europe to investigate the latest methods used in mechanical treatments abroad.

Miss Anna M. Drake will be placed in charge of the Princeton Hospital, Princeton, Ill. It is stated that Miss Drake will establish a training school for nurses in the very near future.

#### Born.

A little baby girl arrived at the home of Dr. and Mrs. H. L. Botsford, of Worth, West Va., on July 11, 1908. Mrs. Botsford

was Miss Lesta Caylor, graduate of the Maryland General Hospital, Baltimore, Md.

July 21, 1908, at Trail Hospital, B. C., to Dr. and Mrs. Patterson, a daughter. Mrs. Patterson was Miss Lilian Sheppard, graduate of The Lady Stanley Institute, Ottawa, Canada.

## Married.

Miss Mary Campbell to Mr. William Samuel Gilchrist, on Saturday, the 8th of August, in the Baptist Church, One Hundred and Twenty-fifth street, New York. Mr. and Mrs. Gilchrist will make their home in New York City after a months' visit in Washington, D. C. Mrs. Gilchrist graduated in Glasgow, Scotland.

#### Obituary.

Miss Annie Cook died July 31st at Mountainside Hospital, Montclair, N. J., as the result of an operation. Miss Cook was a prominent nurse of Baltimore, Md., where she had for many years acted as superintendent of Dr. Howard A. Kelley's Sanitarium. She was a graduate of the Woman's Hospital Training School for Nurses of Philadelphia, Pa.

Whereas, It has pleased Almighty God to call to Himself from our midst our beloved sister, Emily Wilson Woodly, at the age of seventy-three years;

Whereas, Her professional career had placed her mother of all nurses;

Therefore, be it Resolved, That the Alumnae Association of the Philadelphia Lying-in Charity Hospital express the loss of a dear member in the death of Mother Woodly, whose bright mind and smile endeared her to all of us who knew her so well, even President Lincoln, from whose hands she received the only commission ever given to a woman—that of Captain.

Resolved, That the memory of her life proved a monument more enduring than granite;

Resolved, That we, members of this association, send our sincere sympathy and deep condolence to her bereaved family, and direct that a copy of these resolutions be sent to her family; also, that they be entered on the minutes of this association as a mark of our love and respect.

## The Question of Summer Feeding

In Summer more than at any other time, the question of feeding is a difficult and extremely serious one in the treatment of

### Infants, Invalids and the Aged

The food to be used must be at once digestible, not too sweet, pleasant, possessing a high standard of nutrition and one that has stood the test of time and experience.

Benger's Food will be appreciated—it has a value all its ownlt stands above other dietetic preparations in that it is self-digestive, not predigested and may be adapted to meet the most enfeebled or delicate digestive organism.

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## The Hospital Review

The Hospital System of Greater New York.

A couple of years ago, in a paper contributed by Dr. S. S. Goldwater to "Our Charities," an English magazine, the following striking and significant statements occur: "The problems which confront this country (the United States) are more vast, more complex and fraught with greater possibilities for good or ill than those which face hospital managers elsewhere, and a master hand is needed for their solution. Unprecedented capital, which finds its sources both in the public purse and in private fortune, is being poured into American hospital enterprises, but a comprehensive plan of hospital development. whether national, State or local, is lacking, although new hospitals, supported by either public or private benevolence, are being built at the rate of about fifty every year, their distribution is apparently determined by no law

"While it is praiseworthy to prevent a waste of supplies in any given institution, it is ten times more important that gross waste of social capital and effort be avoided, and as a means to this avoidance it is essential that a body of reliable facts be accumulated and made accessible."

The Standing Committee on Hospitals of the State Charities Aid Association of New York has for some time been making a careful study of hospital conditions in the City of New York, with a view to formulating a general plan of adequate hospital accommodations for the city as a whole, so that any new hospital, both as to its location and size, should form a part of a well-considered and comprehensive hospital system. An expert investigator and student of social conditions, Mr. Phil P. Jacobs, has been engaged for months in securing the facts needed before a plan could be intelligently formulated.

The committee, after a careful study of these facts, has presented its recommendations to the Board of Managers. The report

on present conditions and needs regarding hospital conditions in the metropolis and the recommendations have been published in a pamphlet of 83 pages. This pamphlet, and an accompanying pamp'nlet dealing with the ambulance service in Greater New York, must be regarded by all who are interested in hos-. pital conditions in general as one of the most significant and important contributions ever made to hospital literature in America. The recommendations deal with the following questions: "Of what size should hospitals What should be their exact location. classification and relation one to another? What class or classes of patients should be received in each?" The following general principle is stated: That a sick person who is to receive hospital care should receive that hospital care in his own neighborhood (with certain exceptions otherwise provided for).

The first recommendation refers to the establishment of emergency relief stations with six to eight beds, in districts in which no hospital exists and in which conditions do not require the establishment of a local hospital. Other recommendations provide for the establishment of local hospitals of from 100 to 200 beds and the continuance and enlargement of existing hospitals, each with adequate ambulance service. This class of hospitals is to be devoted to the care of acute surgical cases, such as accidents, appendicitis, &c.; acute labor cases and acute medical diseases, which will include persons afflicted with Bright's disease, pneumonia, hemorrhages, apoplexy, typhoid fever, &c.

A third class of general hospitals of from 1,000 to 1,500 beds is recommended, these to be erected so as to admit of careful classification of patients, with a view to securing for each class the best environment possible. These hospitals are to provide for non-acute cases, such as anemias, chronic heart and lung diseases (except tuberculosis), nervous affections, chronic diseases of stomach and intes-



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tines, general surgical cases, venereal diseases, &c.

Special wards, with the best possible facilities, are to be devoted to children's diseases, eye, ear, orthopedic, gynecologic and other special classes of patients.

Convalescent hospitals should provide for cases in which the period of convalescence is protracted, such as typhoid fever, fractures, rheumatism, &c., while hospitals for hopeless chronic cases, such as advanced cancer, locomotor ataxia, paralysis, &c., form a part of the general scheme of hospital development.

Hospitals for tuberculosis and for acute contagious diseases are not dealt with in the report, except for the general recommendation that tuberculosis patients should be excluded from both local and general hospitals as rapidly as separate hospitals for their care can be provided.

Closer co-ordination of hospitals, public and private, with the agencies assisting in caring for the poor in homes is urged as being of direct benefit to the hospitals and to many classes of patients whose complete return to fitness for work would be greatly helped by a supervision and supplementing of home care during a mild convalescence.

The committee also directs attention to the fact that, while New York City has some sixty general hospitals, and ought to be the great centre for medical education in the country, attracting physicians and nurses for study from every State, it has not a single large general hospital with a service classified so as to afford wards for all the important diseases and with all the structural and environmental facilities required for treatment. The statement is made that most of the sixty hospitals are small and imperfectly equipped, and that in proportion as these hospitals multiply the development of the large general hospitals, with their magnificent possibilities in the line of scientific advance and general benefit to humanity, will be retarded.

#### + Columbus Hospital

Columbus Hospital is the name of the new hospital which has been recently opened in Buffalo for the especial accommodation of Italian patients. It is owned and managed by Dr. Charles Borzilleri, a leading Italian physician of the city, who has long felt the need of an institution that would especially adapt itself to the needs of his countrymen. It is of brick, is newly fietted and furnished, and presents an attractive appearance that will be enhanced when all the plans are completed.

The laity may not realize its advantages. but the discerning eve of the surgeon, physician or nurse readily perceives the excellent judgment displayed in selecting the flooring of the 'nospital, a firm, solid, absolutely immovable substance, known as terrazzo, being used. This material is an invention of a fellow countryman of Dr. Borzilleri. It has been extensively used in the construction of hospitals in Italy and other European countries. and is coming into general use in this country. It is made of cement, which, when finished, assumes extreme hardness. In this cement are imbedded tiny particles of various ly colored marble. When the cement has hardened about the bits of marble, its exterior is polished by a peculiar process until it assumes a surface of brillant smoothness. It is the only absolutely sanitary flooring material known. No germ, no matter how tiny or secretive it may be, can find lodgement in its surface.

Dr. Borzilleri was particularly happy in the selection of the location of his hospital. This institution is intended for the care of afflicted persons of all nationalities, but the expectation is that a majoriy of those who will go there for treatment will be persons of Dr. Borzilleri's nationality. The location of the hospital is especially convenient to the large and constantly increasing Italian element of Buffalo's population, being in the heart of the Italian section, and midway on a stretch of Niagara street that is being converted rapidly into an Italian business thoroughfare.

Dr. Borzilleri seems to have been especially fortunate in securing a name for his new institution, it being christened after Columbus, who is equally revered in this country, which he discovered, and in Italy, which gave him birth. It is truly an American-Italian appellation.

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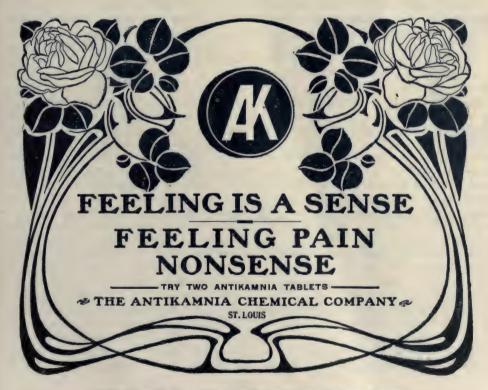
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palatable, non-irritating and absorbed in spite of deranged digestive function. Predigested albuminoids and Bone Marrow Ext. add *Nutrient* and *Reconstructive Value*.

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## Book Reviews

Golden Rules of Dietetics, the general principles and empiric knowledge of human nutrition, analytic tables of foodstuffs, diet lists and rules for infant feeding and for feeding in various diseases, by A. L. Benedict, A. M., M. D., Buffalo, Member of American Academy of Medicine and of American Gastroenterological Association, etc., author of Practical Dietetics. Price, \$3.00, cloth, 1908.

The book before us has among its special claims for commendation one characteristic which the author carries through his whole work, namely: A middle course between the purely scholastic scientific research works and the so-called "practical" works which are purely empiric and entirely devoid of all scientific basis. The importance and the application of the former view to the needs of the active practitioner of medicine is not lost sight of, while, on the other hand, the individual requirements are so adjusted upon a scientific basis that their application is easily grasped by the busy physician. This fact is seldom recognized in books on this subject. They are usually so scientific that their value is small to the general practitioner not versed in advance research, or they strive so hard to be practical that they are worthless.

In Chapter I. physiological chemistry is presented tersely, plainly and without a detailed account of either the physiologic or the chemic process by which the established facts are at-Chapter II. goes into the daily requirements of the body in calories and in terms of proteid, carbo-hydrates and fat. The standard diet in health, the quantitative estimation of the diet, and the checking of the diet by weight and the excretions are each given separate chapters. The provision of nature in regulating the vicarious use of approximately similar foodstuffs, as well as in the accommotion of the variations in the individual likes and dislikes in diet, explains the conversion of the great variety of food and the various forms of preparation into the same average quantity of a similar group of foods to meet

the requirements of the individual. The practitioner cannot ignore quantitative methods of estimation of diet any more than he can ignore the same process in drug administration, with this difference, however, that while scientific metabolism experiments require the extemporaneous analysis of foods used and very exact weighing, the practice of dietetics can almost always be conducted by reference to analytic tables, and the dose of foodstuffs is so large and subject to so much variation within physiological limits that only approximate accurate weighing is required, and even measurement of liquids and enumeration of foodstuffs of fairly constant average weight will suffice. The physician should have a knowledge of the approximate composition in proteids, fat and carbohydrates of a few commonly used foodstuffs, as well as of the standard rations expressed in calories from which he can estimate readily the value of a given certain cut of meat or a slice of bread or a stated quantity of potato, etc. This faculty in estimating food values by the eye can very easily be obtained under ordinary domestic circumstances, and is of great value, not only in enabling the physician to prescribe the diet of his patients, but as a matter of personal hygiene. The author bases his text upon these simple principles, and by the use of a sufficiently large number of tables the quantitative and qualitative estimation of diet is reduced to the greatest simplicity. This same simple process is carried into the more exact method of checking the diet by weight and the excretions. In the chapter on the transmutability and reservation of foods the author explodes many current notions on diet regime, and shows the danger apt to result from such fads. In Chapter VII. the important and practical question of economic and physiologic waste of food material is presented clearly and its practical bearing pointed out. In the chapter on emergency methods of feeding the author makes it clear that no adequate substitute for normal ingestion can be devised which does not pass the food through at least the greater part of the small intestine.

### APPRECIATION

Postum, Grape-Nuts, and the "Clinical Record."

There is, possibly, nothing more pleasing to one who honestly strives to accomplish a worthy end, than appreciation.

The originator of postum saw the great harm that was being done by coffee (not as a medicine—that's the physician's field, solely), but as a beverage of almost universal use among the laity.

Knowing that habit can be changed, the change from coffee to postum (a wholesome beverage made from whole wheat) was thought out and thousands of persons have shown their appreciation of the results.

Then came grape-nuts, and the appreciation was again in evidence. And no one has been more appreciative than the American doctor, whose training makes him scientifically critical, and who has shown his appreciation of these pure food products—postum and grape-nuts—in many ways. And this, in turn, causes the highest sense of appreciation to rise in the mind of the maker and purveyor of these foods.

With this in view, the "Pocket Clinical Record" and "Dietetic Remembrancer" was compiled by the Scientific Department of the Postum Co., as a token of appreciation to the American Doctor, than whom there is no bigger, broader, more scientific and humane anywhere on earth!

Doctor, if you have not yet received a copy of the "Clinical Record," you have only to send in your name and address to have name stamped in gold letters on your copy of this useful, compact (pocket size) record for daily bedside use.

Also, ask for samples of postum and grape-nuts, which will be sent prepaid. Address

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On the much mooted question of the value of nourishment by enemata the author takes a conservative stand, yielding neither to the school advocating the use of small injections at frequent intervals, nor to those who argue that large injection at longer intervals is the better course, acknowledging neither the claims of those who contend that rectal nutrition satisfies physiological needs nor agreeing with those who hold the extreme pessimistic view that all rectal nutrition is merely a placebo. The preservation of foods, the methods of cooking, the composition of natural and commercial foodstuffs and the adjuvance to foods are all presented in a way to be of the greatest practical utility to physician and nurse. In the chapter on purin bodies the uric acid theory of the origin of many affections is given much consideration. The author believes that the general clinical conception of a uric acid diathesis, or better, dyscrasia, may be retained under the less specific name of purinaemia. Valuable tables, giving the quantities of purins in meats, vegetables and beverages are inserted here and substantiate the view held by the author. The constituents of animal foods, the distinctly deleterious foods, parasites and chemic poisons are next considered.

Chapter XVII. begins with the general hygiene of eating and is followed by a chapter on diet lists. Separate chapters are given to infant feeding, diet in critical physiological periods of life, and dietetic principles according to general pathologic conditions. The valuable analyses of foods by Atwater and Bryant are incorporated in a condensed form. Chapters XXIV. to XLV. inclusive deal with the various diseases of organs, tissues and fluids of the body. To present the advantages of each chapter would carry us beyond the scope of this review. Suffice to say that the facts presented are in harmony with the most advanced teaching and in accordance with established facts rather than following theories and fads. The importance of dietetics as a preventive, palliative and curative factor in many affections is to-day so well recognized

that it has, in the treatment of many diseases, supplanted drug therapy entirely.

The book before us fulfils admirably these qualifications.

Borderland Studies, miscellaneous addresses and essays pertaining to medicine and the medical profession, and their relations to general science and thought. Volume 2, by George M. Gould, M. D., formerly editor of The Medical News, The Philadelphia Medical Journal, American Medicine; and author of Gould's Medical Dictionaries. Illustrated, 1908. For sale by Lakeside Publishing Company.

In Borderland Studies Dr. Gould publishes a characteristic and interesting volume. He is a man of strong convictions and expresses them frankly and forcibly.

This book is good reading, not only for the medical profession, but for nurses, and even for laymen. Perhaps a list of chapters will give the best idea of the scope of the work: The History of the House; A System of Personal Biologic Examinations; The Life Study of Patients; "The Seven Deadly Sins" of Civilization; Disease and Sin; King Arthur's Medicine; Some Intellectual Weeds of American Growth; Concerning Crank, Megalomaniac, Morphinomaniac, Dotard, Criminal and Insane Physicians; Some Ethical Questions; History and Psychology in Words; Style; Child Fetiches; The Story and Lessons of an Unknown Hero's Life; Vocation or Avocation.

Strange as it may seem, the first chapter, A History of the House, a subject which many might think lacking in matters of interest, is, on the other hand, made exceptionally fascinating by Dr. Gould. Incidentally, it is very interesting and instructive to read how recently washing has come into fashion.

Another chapter of interest is King Arthur's Medicine. On the whole, this book strongly reminds us of some of the elegant and fascinating essays of the celebrated English writer, Dr. Doran. We most highly recommend it.

#### District of Columbia,

The Nurses' Examining Board of the District of Columbia will hold examination of

applicants for registration on November 16, 1908. Apply to Secretary of Board for particulars.

### WHERE?

WHERE in the materia medica does the physician look for the most suitable hemogenetic agent? WHERE does he find iron and manganese—Nature's hematinics—most scientifically combined in condition for immediate assimilation? WHERE can he find such a preparation in a form as palatable, bland, non-irritant and readily tolerable as

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which can be depended upon as a blood-constructing and nutrition-stimulating reconstituent in Anemia, Chlorosis, Bright's Disease, Marasmus and Innutrition generally?

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## The Best Food for an Infant

Death and sickness among babies are due for the most part to improper feeding. The best food for an infant is its mother's milk. When circumstances deprive the child of its natural food the practitioner is confronted with the problem of supplying a muscle-making, fat-forming, bone-building food in a readily assimilated form.

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is a perfect nutriment for babies, scientifically prepared. The principal element in woman's milk is Sugar of Milk. Only pure Milk Sugar is used in Lactated Infant Food, the nearest approach to Breast Milk known and an ideal food for the child that supplies its every need. Liberal samples on request.

Physicians who wish to give Lactated Infant Food a careful trial may have samples sent direct to patients by forwarding to us names and addresses.

WELLS & RICHARDSON CO. BURLINGTON, VT.

## The Editor's Letter-vor

#### The Red Cross Emblem.

To the Editor of The Trained Nurse:

Will you not afford space in your valuable journal for a word to our friends in the hospitals of New York State and elsewhere who have been making use of the Geneva or Red Cross as a means of raising funds on "tag days" and similar occasions in innocent (no doubt) but express violation of the charter rights of the American National Red Cross and of our treaty obligations as a nation?

It is probable that the hospitals are not aware that they are misusing the insignia of the Red Cross, still less that in doing so they are injuring the Red Cross itself. They have found other persons and institutions using the red cross and doubtless have thought it harmless for them to use it, especially for a purpose more or less like that of the Red Cross. When they learn that the red cross is the common symbol of all army hospital corps and auxiliary Red Cross' societies which protects the sick and injured and the hospital personnel and material from attack in time of war, and that now, all over the world it has come to cover and signify this special and official kind of protection, relief and prevention of sickness and injury in war, disaster and pestilence, they will realize that it cannot be used loosely without having its usefulness seriously impaired.

Emergency relief, indeed, on the large scale which the Red Cross has to undertake in times of calamity, can only be organized through long previous preparation. It is in part as a preparation for its other duties that it has embraced this year what is, perhaps, the greatest mission of all, that of combatting tuberculosis, which slays its hundreds, where war slays its tens. Preparation is a question of educating and rousing the people to protect themselves. It cannot be done in a minute. Millions of dollars are needed before a tolerable condition of preparedness can be reached. The problem of stopping the ter-

rible drain of life and power is a vital one to America and the assistance of all her children is needed, not only in the multitude of important special ways of which the hospitals are worthy examples, but in other larger general and more inclusive modes.

Only those concerned with questions of a large and general nature know how difficult it is to secure and hold the popular attention to a subject after the crisis has passed. It is particularly difficult to make our American people realize that war and disaster and pestilence are coming again and again to exact their frightful harvest of death and suffering, unless something is done to check them, and that it is infinitely more merciful (as well as sensible) to take pains for prevention than for belated relief. The need of a symbol which shall recall and summarize to the popular mind what has been done along this line and what remains to be done, is plainly apparent. Its significance is what gives it its value. This is why the hospitals like to use the picturesque Geneva Cross and precisely why they should not use it. Every misuse makes for confusion and the loss through confusion falls ultimately and heavily upan the people themselves, whose organization the Red Cross is.

Our national Red Cross is not, as some people imagine, a private and exclusive society. It is, instead, the whole people organized for the purpose of preventing suffering and loss of life. Everybody, man, woman, or child, may become a member and have a voice in it. It is public and official; one third of the members of the Central Committee are appointed by the President of the United States, the finances are audited by the War Department, and a report is annually made to Congress. It is linked with the Red Cross societies of forty-two other nations, whose total membership is upward of five million members.

It may be asked, perhaps, why, with this important role, the Red Cross has not been given power to protect itself. The answer is A Short Chapter on

### INFANT FOODS

When your baby requires an artificial food, it is essential that the basis of it be fresh cow's milk, as it contains the vital life-giving principles that all dried "milk foods" lack.

It is necessary, however, to break up (technically called "modify") the tough casein curds in the milk, so that it can be readily digested.

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is an effective and convenient cereal modifier which mechanically modifies cow's milk, so that the casein curds become soft and flocculent and can be assimilated by the most delicate

stomach. Prematurely-born infants (with the weakest possible digestive apparatus) are frequently raised on cow's milk modified with Eskay's.

Milk when modified with predigested cereals will contain an excess of fermentable sugar, which makes soft and flabby tissues and is liable to cause intestinal troubles.

The experience of physicians, acknowledged as authorities, is that fresh cow's milk properly modified with Eskay's Food is the *nearest* approach to mother's milk. That it produces healthy, well-developed children, is shown by the thousands of photographs sent us, one of which is reproduced here.

Our book, "How to Care for the Baby," and ten feedings of Eskay's, will be gladly sent free, on request.

## SMITH, KLINE & FRENCH CO. 436 ARCH STREET PHILADELPHIA



Gertrude Anna Porter New Waterford, O.

Her mother writes:

"I feel that if it had not been for ESKAY'S FOOD, we would not have our baby to-day. When born she weighed but nine pounds, and when four months old but seven pounds. We tried everything, without success, when finally we gave her ESKAY'S. It agreed with her from the start. She gained two pounds the first week and is now perfectly healthy and well developed."

that it has been given such power. By an act of Congress, January 5, 1905, the misuse of the Red Cross is made a misdemeanor, punishable by fine or imprisonment, or both. Although the Red Cross has power to prosecute, it feels it better to be merciful here, The abuse of the Red Cross is not of recent standing. Many persons and institutions are using it in innocent ignorance of the injury they are causing. Moreover, the Red Cross has not until recently made an attempt to protect its insignia. It has depended upon the loyalty of the people. Our people, however, are a busy people engrossed to a large extent in their own affairs, and something in the nature of a reminder seems to be needed. May I take the liberty of offering it in this present form, and beg especially of the hospitals which have the interest almost of kinship in the Red Cross to help secure the latter in its emblem? The Department of Charities of New York City, thanks to Commissioner Hebberd and Bellevue and the allied hospitals of New York City, have set a splendid example to the hospitals of the country by changing from the red cross to the symbol of Aesculapius and to the green cross, respectively, and it is already bearing fruit. Will not the members of the hospital boards as distinguished and enlightened members of the community do as much?

Yours very truly,

H. F. DRAFER, Secretary, New York State Branch.

#### With Charity Toward All.

To the Editor of The Trained Nurse:

"Subscription has expired." Renewal is requested if I like the Trained Nurse. Certainly I do! Who can help liking it? Criticisms and suggestions? None. In an autumn number Graduate Nurse says of a practical nurse that she so neglected her duty that mother and child were infected. Therefore, thinks that one case is enough to condemn the whole tribe of practice! Where was the physician in charge of the case? How many mothers and babes can have a hospital trained nurse, or even a practical, or correspondence nurse care for them? Yet a large number live and thrive, never knowing what they have missed! Then there are correspondence and other varieties and grades of nurses who carry 'goose grease,' etc., around with them, so

Graduate says. How many hospital graduates of our acquaintance have become addicted to the use of worse "dope"? I can name a few of our 'nospital alumnae. Alas! that it must be said! To, and for me, hospital training is essential, but I have known and nursed with on severe cases, five different nurses, all without any hospital training. Two were practical nurses, bright and capable. They were so worthy of a better chance, if they, and their wages, could only have been spared long enough for a hospital course. Still no training school could have made them more tactful, gentle and kind. Three were 'Correspondence school' nurses, and certainly competent! All three were high school graduates, and had been school teachers. They showed me the literature and lectures of their school. Nowhere did I see counsel to use "goose grease," or ever to disobey the orders of the physician in charge of case. Lectures were good in theory, and in more practical form than my hospital lectures listened to and jotted down when I was oh, so weary! To the criticism of "high-priced theory" they said that each one had earned enough in a month or two to pay for them, while I had spent several years in the hospital, part of the time caring for the patients, the other part saving "scrub ladies" hire. Senior nurses, superintendent, internes, were present to advise me. They had to rely upon themselves, and the busy doctors for whom they nursed. They have been in private practice for five years, have had practice in medical, surgical and obstetrical nursing and have cared for certain contagious diseases which were not taken at our hospital, and in which, so far, I have had no experience. Another point is this: Their school adertises in good magazines, whose readers do not trot in the "goose grease" class.

This is not a "boost" for the correspondence school, only a mild protest to letter writers to use more moderation in condemning those who do not think as we do. Why do not hospitals with a two years' course advertise in first-class magazines, and in our Trained Nurse, so we might recommend them to would-be nurses? At least we can cordially invite the nurses who have not hospital training to subscribe for the Trained Nurse, thereby obeying the Golden Rule.

M. B. B., Hospital Graduate.

## The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

#### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

#### The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

#### The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys' Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN & HANBURYS CO., Limited
TORONTO, CAN.

LONDON, ENG.

NIAGARA FALLS, N. Y.

## A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

## New Remedies and Appliances

#### Antithermoline.

The manufacturers of this preparation are offering the nursing profession a free copy of their new book, "Nurses' Handy Book."

#### Bender's Liquid Soap.

It is an absolutely pure soap, and, being liquid, it seems to penetrate the cuticle more thoroughly than soap in solid form, and instead of irritating, it tends to soothe the mucous membrane.

#### Soft and Fluffy Hair.

Packer's Tar Soap is equally valuable, no matter what the color of the hair. Packer's Tar Soap is unlike any other soap. It may be used for shampooing hair of any color, and is especially recommended for white and blond hair, making it very soft and fluffy.

#### Pulvola Foot Powder.

Shaken into the shoe, this light powder readily finds its way through the stocking to the foot and does not cake on the insole. It destroys all odor. Stops excessive perspiration. Gives great comfort to all troubled with corns, bunions, calloused and smarting feet.

Sold in Red triangular cans at 25 cents.

#### Burn by Hot Jelly.

Child two years old frightfully burned on the face and head by the spilling of a bowl of hot jelly. I dressed the wound with Unguentine only, with the result that it healed quickly and without scar.

> J. W. NEPTUNE, M. D., Chapman, Kan.

#### More Than Pleased.

Ogden & Shimer, Pharmacists, Middletown, N. Y.:

Gentlemen—Please find enclosed \$1.50, for which send me six boxes of your Mystic Cream. I received a sample some time ago and was more than pleased with the benefit I got from its use. Hoping to hear from you soon,

Belle Peck, Ottawa, Ill.

#### Better Known, Better Liked.

The more that is known about Baker's Chocolate the more it is valued as an article of food. Students of the science of nutrition place it very high among the foods which yield the most for the least money. One remarkable thing about it is that it can be consumed with equally good results in hot and cold climates.

#### Blood Nourishment During Lactation,

At the time when a mother must share her food supply with her child the liability to systemic depletion is great. If the quality of the blood in the mother is allowed to fall below normal, the food of the child will not be of proper life-forming quality. Pepto-Mangan (Gude) restores depleted conditions of the blood by feeding it with manganese and iron. It builds rich, red blood and is a nutrient and general reconstructive tonic.

#### Feeding Typhoid Patients.

Milk for some persons, in health or disease, is clearly a poison. They completely fail to digest it, and it produces a gastrointestinal disturbance which in many cases is quite serious. Patients of this class digest milk even less when they acquire a prolonged fever. Others with whom milk agrees become very tired of it after taking it exclusively for a long period. This complication does not occur when Bovinine is employed, and the convalescent period is undoubtedly shortened.

#### Of Value in Tuberculosis.

In a paper read by invitation before the Am. Electro Therapeutic Association and published in the New York Medical Record, Oct. 13th, 1900, I particularly referred to the value of the Nauheim Bath in the treatment of pulmonary tuberculosis. In this institution we have utilized the Nauheim Bath as part and parcel of daily routine for a period of over five years, and consider it an adjunct of prime importance. Very truly yours,

(Signed) M. J. Brooks, M. D., Sanitarium, New Canaan, Conn.

## The Dangers of Cow's Milk

HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

## Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composi-tion, as closely as possible. The milk supplied to the Nestle Factories is col-lected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestle's Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

### FALL CLASSES IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN Swedish Movements, Medical and Orthopaedic Gymnastics Term: 3 Months Tuition Fee, \$75.00

Course in Electro-Therapy Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms Term: 6 Weeks

#### FALL CLASSES OPEN IN TWO SECTIONS

1st SECTION OPENS OCT. 8. '08 2d SECTION OPENS NOV. 18, '08

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No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months. The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

T. D. TAGGART, M.D. (Jefferson Med. College).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

FRANK B. BAIRD, M.D. (Univ. Pennsylvania).

MAX J.WALTER (Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hosp.for Women, Cooper Hosp., etc).

Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

#### The First Symptoms of Migraine.

Dr. J. J. Caldwell, of Baltimore, Md., in "Medical Progress" writes as follows: "During the premonitory stage we can generally abort, or rather prevent, the development of an attack by the administration of two antikamnia tablets. They should be given as soon as the first symptoms of the attack are manifest. If then all symptoms are not speedily dissipated, another dose should be given in three-quarters of an hour or an hour.

#### Passiflora for Nerves.

Daniel's Concentrated Tincture Passiflora Incarnata is unequaled as a calmative. For every trouble of a purely nervous character, or developed from nerve derangement, as drawn and jerking tendons in the limbs, it invariably proves most beneficial. Passiflora does not produce constipation, and in this virtue recommends itself strongly to the medical profession, who prescribe Passiflora for nervous women, teething babies, neuralgia, hysteria, preceding and during childbirth, during the menstrual period, pregnancy and the menopause.

#### Chr. Hansen's Junket Colors.

Dainty colors are so frequently used at bauquets and at the leading hotels and cafes for coloring ices and meringues, ice creams and water ices, that the use of colors in home cooking for producing dainty and artistic effects is rapidly becoming popular. We have six charming colors: Berry Blue, Plum Purple, Lemon Yellow, Grape Green, Raspberry Red and Orange Gold. They are 'narmless, strong and pure. The Junket Colors are put up in one-ounce bottles at 10c. each; by mail, 15c.; packed six in a container, assorted or single as desired.

#### Farwell & Rhine's Flours.

There is a form of glycosuria, often caused by mental shock, overwork or nervous strain, with sugar present in the secretions, which is not true Diabetes. In such cases our "Cresco Flour" is of great service, and many Diabetics find it all they require. Our "Special Dietetic Food" (formerly called Special Diabetic Food) is for the more marked cases of Kidney and Liver troubles, where a stricter diet is required.

#### Ambitious Nurses.

Here is your chance. See the full page advertisement of The Hillcrest Surgical Hospital. Do not overlook any opportunity to get ahead. So read this advertisement.

#### + Resinol Soap.

There is one medicinal soap worthy of special mention, and that is Resinol Soap. This soap is, in the strictest sense of the term, a medicinal soap. It is really the well-known remedy for cutaneous diseases, Resinol, "in soap form." Perhaps no one remedy known to physicians enjoys a more enviable reputation in the relief of skin affections than Resinol Ointment, and in order to make it more easily and agreeably applicable to scalp, face, etc., this remedy has been incorporated with a pure soap base, and the result—Resinol Soap.

J. HOBERT EGBERT, M. D., Ph. D.

### Lysol.

Modern text books uniformly recommend Lysol as an established disease-preventing adjunct.

Current medical literature universally mentions Lysol in its clinical reports of major and minor operative procedures for the aseptic rendition of instruments, removing from the operator's hands all contamination or infective media, and disinfecting and deodorizing contagious and offensive pathological conditions.

The list of Hospitals, Clinics and Dispensaries using Lysol has so grown that it is practically a directory of the best institutions of the kind in the world.

### Trikresol.

Dr. Reed detailed the results of a series of investigations made at the request of Surgeon-General Sternberg. He found that:

"A ½ per cent solution of Trikresol destroys the vitality of the staphylococcus aureus in from eight to twenty minutes; a 1 per cent solution kills it absolutuely in thirty seconds, and a 1:800 solution restrains the growth of the organism. A ½ per cent solution kills the streptococcus erysipelatosus in thirty seconds; 1:800 restrains is development. Bacillus pyocyanus requires one and one-half minutes' contact with a ½ per cent solution; a 1 per cent solution kills it in thirty seconds, and 1:800 restrains its development.



Kellogg's Toasted Corn Flakes "won its favor through its flavor"-crisp, delicious.

W. K. Kellog

#### Horsford's Acid Phosphate.

I recommend it as a restorative in all cases where the nervous system has been reduced below the normal standard by overwork, as found in brain workers, professional men, teachers, students, etc., in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers much in consequence. I think it a grand restorer of brain force or nervous energy, and a boon to many who fail, through improper selection, to get a sufficient amount of phosphoric acid in their food.

Dr. Chas. T. Mitchell,

Canandaigua, N. Y.

### A Food Expert.

W. Boulton Conyngham, Ph. C., F. C. S., has just arrived in this country in the interest of Benger's Food, Ltd., Manchester, England.

Benger's Food for twenty-five years has held the approval and confidence of the medical profession in England. Although the Food has already gained the support of many of the leaders among the profession here, the manufacturers propose to make it equally well known to doctors in every section of this country.

Mr. Conyngham is eminently equipped to accomplish this service, both by training and experience.

#### A Sterile Eye Bath.

An eye bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company. That this little device will be well received by the medical profession is not to be questioned when one considers the many points of advantage this metal cup has over the old style glass contrivance. It is cleanly, unbreakable and can be sterilized instantly by dropping into boiling water. The surgical bag in the future will hardly be complete without one. It will be found invaluable for treating conditions affecting the eye.

Directions—Drop into the eye bath ten to thirty drops of Glyco-Thymoline; fill with warm water. Holding the head forward, place the filled eye bath over the eye, then open and close eye frequently in the Glyco-Thymoline solution. It is soothing, non-irritating and reduces the inflammation.

One of these eye baths will be sent free upon request.

#### Treatment of Amenorrhea.

When the suppression of the menses is caused by such constitutional diseases as pulmonary tuberculosis, and the regular menstrual period is overdue, it is seldom possible to effect its return before the next period. But if the suppression is acute and the result of taking a cold, worry, fright, grief or mental shock, the flow can be promptly brought on by the administration of Ergoapiol (Smith).

Ergoapiol (Smith) produces the most remarkable emmenagogic effect without the slightest untoward action.

#### A Perfect Invalid Bed.

The best-known hospitals, private institutions and specialists have enthusiastically indorsed the Gorham Invalid Bed. One-half the constipation in lying-in and laparotomy cases is caused by the unnatural position—lying on the back—when the effort of evacuation is made. In place of cathartics and catheters, set the patient up without effort, jar or exposure, and natural evacuations are easily effected. The Gorham Invalid Bed makes this a reality.

A full description of the bed and its uses, fully illustrated, is contained in a booklet, mailed on request by the makers, the Bernstein Mfg. Co., Third street and Allegheny avenue, Philadelphia.

#### Nurses' Shoes That Wear.

You who are on your feet most of the time realize the necessity and difficulty of obtaining shoes that wear. In some the soles wear thin quickly; in others the uppers crack; still others lose their shape.

All these troubles can be traced to the tanning. Injurious chemicals are used to quicken the process. They destroy the natural flexibility and wearing quality of the leather.

The Red Cross Shoe proves to be a welcome exception to every shoe trouble. The secret of its splendid wear lies in the special tanning process used exclusively by its makers. This preserves the natural flexibility of the leather—it bends freely with the foot—never cracks or breaks.

Get a pair from the local dealer. You'll find them the most satisfactory and economical you ever wore. A new style book can be obtained free by writing the makers, Krohn, Fechheimer & Co., 537-557 Dandridge street, Cincinnati.

## Junket in Dietetics

is the title of a short treatise of interest to physicians and nurses, and for use in hospitals and sanitariums. It tells of the many uses of Junket Tablets for preparing whey, humanized or modified milk, Junket puddings and ice cream, and explains the action of the Rennet Ferment.

Write us for this booklet

JUNKET TABLETS in packages of 10 tablets 10c., and in packages of 100 tablets 75c. At all grocers' and druggists', or by mail direct from the manufacturers.

CHR. HANSEN'S LABORATORY
ox 1706
LITTLE FALLS, N. Y.

## The Nauheim Baths are given by means of the

## TRITON Bath Salts

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

THE TRITON COMPANY
Schieffelin & Co.

NEW YORK

Sole Licensees and Sole Agents

## **SUMMER ILLS**

such as acute indigestion, summer diarrhea, intestinal disorders and heat prostration are rapidly overcome by the use of

## Gray's Glycerine Tonic Comp.

It promotes digestion, controls fermentation, and re-establishes normal circulation.

"A tonic of known dependability suitable for employment at any season of the year."

THE PURDUE FREDERICK CO.
298 BROADWAY, NEW YORK

#### Rational Treatment of Infantile Diarrhea.

For years the treatment of diarrhea in children, commonly known as summer complaint, has been a stumbling block for the practitioner mainly because the true nature of the disease never was thoroughly understood. The main point is to modify the diet, suppressing objectionable food, particularly milk not properly modified in strength and sterilized. Meanwhile the bowels should be kept in a thoroughly aseptic condition. An experience of ten years or more has demonstrated that this is better accomplished through the use of Tyree's Antiseptic Powder: one teaspoonful or less of this powder diluted in a pint of tepid water makes an ideal washing for the intestine as an enema. Sample with chemical and bacteriological analysis sent upon request to J. S. Tyree, chemist, Washington, D. C.



#### A Perfect Food

The prevalence of exhausting Diarrhoeal diseases among bottle-fed infants during the hot Summer months, largely from the use of impure milk, leads to a favorable consideration of Horlick's Malted Milk as a practical solution to the problem. In this complete food the nourishment of pure milk with the cream is thoroughly incorporated with the soluble extracts of malted wheat and barley. process undergone in vacuo eliminates the moisture and secures a modification of the casein of the milk by the action of the malt enzymes, rendering it very easily assimilated. By the addition of water, there is prepared at a moment's notice a meal for a baby that fulfills every requirement of a modified milk.



Oxolint, the new linen absorbent manufactured by the Oxford Linen Mills, of North Brookfield, Mass., goes far toward meeting the demand for a perfected dressing. The superiority of linen to cotton in surgical requirements is admitted, provided linen can be treated in a way to make it antiseptically absorptive. Oxolint seems to meet these requirements. It is a product of raw flax chemically treated by processes that at once degum it thoroughly, bleach it, render it antiseptic, give it a very high degree of absorbency. It does

not mat heavily, but retains a marked elasticity when saturated, and is quite free from adhesive particles. It has been liberally indorsed by representatives of the medical profession.

Write for free sample to the Oxford Linen Mills, North Brookfield, Mass.

### + McCray Refrigerators.

The following list of typical hospitals and institutions in which McCray Refrigerators are in use will suggest the superiority of the product:

St. Luke's Hospital, Chicago, Ill.
Presbyterian Hospital, Chicago, Ill.
Johns Hopkins Hospital, Baltimore, Md.
Jefferson Medical College Hospital, Philadelphia, Pa.

St. Joseph's Hospital, San Francisco, Cal.
St. Joseph's Hospital, Memphis, Tenn.
Michigan State Asylum for Insane, Kalamazoo, Mich.

Academy of the Sacred Heart, Chicago, Ill. St. Mary's Academy, Notre Dame, Ind. St. Mary's Female Orphan Asylum, Baltimore, Md.

Franciscan Monastery, St. Louis, Mo. Mt. de Chantel Convent of the Visitation, Wheeling, W. Va.

Hospice of Mt. Carmel, Niagara Falls, Can.

#### Post-graduate Courses in Massage, Etc.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy Philadelphia, calls attention to its postgraduate courses in the Swedish system of massage, medical and orthopaedic gymnastics, electricity and 'nydro-therapy. The constantly growing interest of the medical profession has prompted us again to make additional researches into the latest methods used abroad. Our Superintendent and one of our instructors are in Europe now to study the progress of physiological therapeutics in the largest hospitals, institutions and 'nealth resorts. The latest apparatus will be purchased and the new methods incorporated in our courses of instruction.

Our Fall classes open, the first section on October 8th and the second section November 18th. The Winter classes open on January 14th, 1909.

Application blank and illustrated booklet on massage upon request.

MAX J. WALTER, Supt.,

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### A Clean, White, Healthy Scalp

is absolutely essential to the growth and beauty of the hair.

## Packer's Tar Soap

used systematically as a shampoo is a reliable means of restoring and maintaining normal conditions of the scalp structures.

For thirty-five years it has been endorsed and recommended by the medical profession as the standard soap for the hygienic care of the hair and skin. Our little booklet on "The Value of Systematic Shampooing, "with a sample cake of soap, will be sent to nurses who will mention this journal.

THE PACKER MFG. CO., New York

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"PERFECTION"
BED AND
DOUCHE PAN

IT IS SANITARY
IT IS COMFORTABLE
IT IS EASY TO EMPTY

PHYSICIANS & TRAINED NURSES
EVERY WHERE

The "Perfection" is anatomically correct in shape and does not hurt the patient.

It can be quickly emptied and thorough'y cleansed, and saves time and disagreeable work for the nurse.

It has a large capacity, holding fully 2 quarts.

#### RETAIL PRICES

No. 1. PORCELAIN, - Standard Size, \$2.50 No. 2, Small 2.25 No. 3, GREY ENAMELED, Standard 4.00 No. 4, WHITE 4.50 No. 6, WHITE 4.25 No. 6, WHITE 4.25

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### MEINECKE & COMPANY NEW YORK

# The Trained Aurse and Hospital Review

VOL. XLI.

NEW YORK, OCTOBER, 1908.

No. 4.

### Nurses in the Public Schools\*

MARGARET E. CARLEY, M.D., Supervisor of School Nurses, Boston, Mass.

I FEEL highly honored as a pioneer in the work of school nursing to be permitted to address this association upon a work which, although practically in operation for some ten years, is comparatively new in the City of Boston. As long ago as 1891 Dr. Malcolm Morris, at the International Congress of Hygiene and Demography, gave it as his opinion "that a staff of especially trained nurses should visit the elementary schools, regularly, to inspect the children."

In 1898, as a private charity, the London School Nurses' Society was founded, through the efforts of Miss Honor Morton, a trained nurse and graduate of the London Hospital Training School. Thus to a woman should be credited the honor of initiating a work which is now bringing such remarkable elements of fruition in New York, Philadelphia and Boston.

Boston has always been universally recognized as a place of culture and progressive ideas, ever responsive to the call for improved school conditions and educational advancement. Since 1894 we have had medical inspection in our schools, the *chief purpose* being to pro-

tect the community, by excluding children suffering from any communicable disease, such as scarlet fever, diphtheria, measles, or any other infectious or contagious disease. It was for several years felt that some steps should be taken to produce better results from the work of medical inspection, and in some way provide means whereby the school, the child, and the home could be more thoroughly in touch with each other, and the many important details or helpful things for which the medical inspector had no time could receive proper attention. To the School Committee of the Boston Public Schools was left, however, the crowning act for the conservation of health. They answered the urgent cry of "Shall the health of our school children be protected and preserved?" by the answer "YES, a thousand times yes," and immediately took steps to establish a department of school nurses which, striking clear to the root of the matter, vouchsafes the protection of the child, and endeavors to prevent the very onset disease. In this direction the nurse will be an army of strength in herself. The petition for a corps of nurses pre-

<sup>\*</sup>Read at the seventh semi-annual meeting of the New England Association for the Education of Nurses. Contributed to The Trained Nurse.

sented to the Legislature by the School Committee was approved in May, 1907, and in June competitive examinations were conducted to test candidates' fitness for the position. They were required to pass an examination in anatomy, to prove that they knew the structure of the human organism; in physiology, to show their knowledge concerning the function of each part of the body; in the principles and practice of nursing, with a demonstration of practical skill, as well as in English and arithmetic.

The names of candidates who were successful in these examinations were placed on the eligible list and subsequently appointed.

The duties of the nurses, as set forth by the School Committee, are as follows:

"Sect. 420. It shall be the special duty of the assistant nurses to assist the medical inspectors assigned to the public schools, to see that the directions given by the inspectors are carried out, and to give such instruction to the pupils as will promote their physical welfare.

- 2. They shall receive from the supervising nurse the following information:
- (a) The schools in which they are to perform their duty.
- (b) The hours for visiting each school.
- (c) To whom they shall report in each school.
- 3. They shall be provided with a place in which to work by the principal or teacher in charge of the school or district.
- 4. They shall report in person to the principal or teacher in charge, immediately upon their arrival each day.
- 5. They shall arrange with the medical inspector assigned to the school or district a method of daily reports of cases to be visited and treated.
  - 6. They shall keep a record of the

time of arrival at and departure from each school.

- 7. They shall keep a record in such form as the superintendent may determine of the name, age, address, disease, and treatment of each pupil examined in school. Also a separate record of all excluded pupils and pupils to be visited.
- 8. They shall obtain daily a list of all excluded pupils.
- 9. They shall visit excluded pupils at their homes; provided that such visits shall not be made in cases of small-pox, scarlet fever, diphtheria, measles, whooping cough or mumps, and shall keep a record of all visits made by them, and the outcome of each case.
- 10. Revisits shall be made from time to time if necessary.
- 11. They shall make personal visits to homes to give necessary instructions or suggestions, and may demonstrate the treatment of pediculosis. In the case of diseases that cannot properly be treated at the home by the nurse or parents, the services of a physician, or treatment at a dispensary, should be urged.
- 12. Cases of trachoma shall not be treated by the nurses. All such cases should be excluded from school and the pupil returned only on the certificate of the medical inspector, stating that all danger of conveying such disease by such pupil has passed.
- 13. If, from some unforeseen cause, an assistant nurse is unable to attend to her duty, she shall notify the supervising nurse or the superintendent at once by telephone, telegram, or special messenger. This notification shall be followed within five hours by a written application for leave of absence. Before returning to duty after leave of absence exceeding one day for any cause, an assistant nurse shall report in person to the supervising nurse,

and shall furnish a certificate from her attending physician, if one has been employed by her during her absence, if the supervising nurse shall so require.

14. Each assistant nurse shall be entitled to four weeks' vacation during each calendar year, to be taken at such time or times as the supervising nurse, with the approval of the superintendent, may appoint."

It should be remembered that at the present time each nurse has on an average six times as many children as are assigned to each medical inspector. If the nurse, on reporting at a specified school, finds there cases necessitating immediate visits to the homes or to the hospital, the time required to carry this out precludes her going to another building even in the same district. During the hours from one to two, or as soon as the nurse has had time after school hours to take a luncheon, she visits the homes of excluded children in the neighborhood. This she does also following the afternoon session. The nurse's report is covered by a clinical record card as follows:

Date.....

Pupil's Clinical Record Card.

Name... Residence... School... Teacher...

Nurse.... Physician.... Age.... Sex....

Grade..... Diagnosis..... Treatment.....

These record cards are completed by the nurse and not by the teacher. In the event of the child transferring from one school to another, the record card is passed to the nurse under whose control the child goes to the transfer. Districts are being equipped, as far as our finances allow, with facilities for first aid as well as for the treatment of minor affections, in order that the absenteeism may be reduced to a minimum. These facilities

are to be extended just as rapidly as the appropriation allows.

The nurse does not wear her regulation uniform, since she visits from the school to the home, in all kinds and conditions of weather; but as a mark of distinction, each nurse wears a Boston Public School nurse's pin. The nurse is on hand with the pupil and teacher at the commencement of the school session. She reports to the principal in charge and visits the various rooms to assemble the morning clinic in anticipation of the school physician's arrival. Each nurse has at least one fully equipped emergency room in the larger schools, and carries supplies in her bag to the smaller buildings. She examines the old cases to determine the progress of recovery, and segregate the new ones for the the physician's inspection. If it is hospital morning, the nurse escorts her clinic to the various out-patient departments, for the examination of the eyes, ears, surgical procedure, or general examination and treatment, as the case may demand. Then she makes her rounds of schools and homes to observe old cases and investigate the home conditions of new ones. The nurse may treat minor cases as well as carrying out in the homes of the pupils, when necessary, such instructions as the school physician, the family doctor or the hospital surgeon may give. Boston, in many ways, is a difficult city in which to introduce new customs or innovations, and to the uninitiated we seem cold and unresponsive. The story is related of Captain Peary, the explorer, that on his first visit to Boston as a lecturer, the audience did not unbend at all and Captain Peary. feeling the chill in the atmosphere, suddenly stopped in the midst of his lecture. shivered, turned up his coat collar and

"At last I have discovered the region of the North Pole." This same chilly reception was in a very few in stances experienced by our nurses, until gradually it became demonstrated that they entered the homes as advisors. whose experience and wisdom were placed at the disposal of the family for all good purposes, and in visiting the homes it is with no antagonistic ideas or desires to revolutionize their timehonored customs, but to so instruct and advise them that their traditions and cusoms may be followed more carefully and to better advantage. Thus the nurse, furnishing the link so long felt necessary between the home and the school, visits the family as a specialized teacher. qualified to give advice on matters of hygiene, prophylaxis and dietetics. She is intimately acquainted with the symptoms of contagious diseases and is able to quickly detect fever and incipient troubles.

As a part of the public school system, on the basis and standing of a teacher, the nurse is more readily admitted to the home and confidence of the family, and so to a certain degree becomes also a social worker.

Thus it is readily seen that the opportunities for women with a nurse's training are much broader and far reaching in public school work as regards results than in other branches of nursing. The magnitude of the work undertaken in this new department of school nursing, and the results already achieved by the corps of twenty nurses working from September 1st, 1907, to February 1st, 1908, and thirty nurses working from February 1st, 1908, to May 1st, 1908, plainly reveals the wisdom of the school committee in inaugurating such a department, and already assures a splendid

improvement in the child's physical and mental development.

Although statistics are as a usual thing dry and uninteresting, I feel that our report, gathered from the past seven and a half months' service in this pioneer work will not bore you, since it will vividly place in your minds the great good already achieved for our most valuable asset, the school child. In my plan of organization I incorporated a Nurses' Statistical Record form, upon which are recorded all cases which come under the care or observation of the nurse, as well as the number of home calls; and by this means we are enabled to record most acurately and precisely all details of the nurses' work. These records are made monthly, being transcribed from the daily clinical cards, and diseases are classified as far as possible. Let me briefly for a few moments read you from a copy of our last record the astounding results of the work accomplished during the time between September 11, 1907, and May 1, 1908. Our first classification is tabulated as diseases of the ear, including abscess, wax in the ear, defective hearing, eczema, foreign body, chronic discharge, mastoiditis and polypi.

Three thousand five hundred and seventy-seven cases of ear trouble have been reported, and of this number 2,284 cases consisted of defective hearing, the remaining 1,293 cases being divided among the above enumerated diseases.

All have received proper medical assistance, and many of these 3,577 cases had existed untreated for a long time and, until the nurses discovered the cases, had been in a suffering and pitiable condition until put in the way of receiving treatment. Under the classified diseases of the eye the nurses have recorded 14,823 cases; of this number 9,395 cases were

seriously defective in vision, but through the efforts of the nurses 3,156 cases of this number were examined by oculists and eye glasses procured.

In many instances it required *much* work and tact on the part of the nurse, often five or six visits to the home, to convince doubtful parents of the importance of obtaining eyeglasses, or to induce them to have the child examined, or give the nurse the necessary permission to take the child to the physician.

The remaining 5,000 eye cases included inflamed and granulated lids, conjunctivitis, foreign body, iritis, cross eye and trachoma. By far the greatest problem effort to relieve these cases is that of procuring the necessary ten cents for car fare, and ten more for the registration fee charged by nearly all of the hospitals, and from ten to twenty-five cents for drops, and all the way from eighty cents to four dollars often charged for the glasses. In many cases, where the parents have felt unable to provide the required sum at one time, the nurse has been able to assist the parent or guardian in devising ways and means whereby a small amount has been saved weekly until the desired sum total has been acquired. Many pupils whom we have heretofore considered dull, stupid and impossible, by the application of glasses which have corrected the visual error, have immediately improved in scholarship, and I have in mind several cases which were changed from the most inattentive, turbulent and stupid pupils to the brightest, quick and most brilliant students in their classes. If it be possible to say where the most valuable service lies, I would say that the nurses have rendered such aid in caring for the diseases of the nose and nasopharynx, since 4,994 cases have been treated; 2,941 of this number were cases

of adenoids, and 966 of these were escorted to the family physician or dispensary, attended by the nurses through the anaesthesia and the operation, and returned to their homes. Although this is a remarkable number of cases of adenoids, we still have 1,975 cases which are under observation and treatment until their physical condition or financial matters allow the possibility of operation.

Several prominent surgeons in the various hospitals have mentioned to me that never in their experience have they seen so many operations for adenoids. Knowing, as we do, that this condition which we term adenoids is not an acute trouble, is it not apalling that hundreds of children have been thus afflicted for several years previous to the nurses' advent, thus rendering them more liable to contagious diseases and particularly rendering them susceptible to that dreaded white scourge, which we are all working so hard to eradicate. I refer to tuberculosis.

The herculean efforts incidental to such a number of operations are worthy of note; the parent frequently advances reasons why the child should not be operated upon, or they are prejudiced against surgical procedure in general, or hesitate to interfere with nature's work, as they state it. So persuasion and instructive explanation on the part of the nurses, accompanied by much patience and tact, win the day, and the interest and consent of the parent are gained.

Seven thousand and fifty-three cases of mouth and throat disease have been actively treated, and 3,714 children with decayed teeth have been discovered, many of them having now received dental attention, and during the coming Summer I expect to have all our cases of this

character attended to. There were 3,339 cases of enlarged tonsils, abscess, and cervical adenitis all cared for; 15,578 cases of skin diseases, including pediculosis, ring-worm, itch, eczema and erysipelas, all of which were tabulated, received treatment, and are either cured or still under treatment.

Four thousand two hundred and eighty-four cases of specific infectious diseases were called to the attention of the proper authorities. Many of these cases would never have been reported to the health authorities but for the visit of the nurse to the home to find out why the boy or girl was not at school. She frequently discovers cases of measles, scarlet fever, diphtheria and chicken pox in families where several children are attending school and no physician has been called to see the sick member. Therefore, no opportunity has been given for the health authorities to act in excluding the children in such a household. Now these cases, which were a great menace, are reported to the local health board for their investigation.

Under this same class of diseases we have recorded 201 very positive cases of tuberculosis, and while we have been instrumental in sending many children to the Wellesley camp, there are many more for whom there is no accommodation. We expound the necessity of a thorough physical examination for all members of the family and give suggestions and advice upon the hygienic precautions to be followed. I feel that the most effective results will be achieved, however, when we have either the school in the woods, as established in Germany, or the school and sanitoria combined, following the example of France.

We have found 17,041 miscellaneous cases, including heart and kidney dis-

eases, rickets, chorea, and malnutrition, all of these have received medical aid. 218 cases of deformities of the spine and extremities have been exceedingly benefitted by receiving skilled orthopedic attention and corrective gymnastics and are *certainly* in the way of becoming self-supporting, useful citizens.

17,647 visits have been made to the homes of pupils and the parents given comforting advice, instruction in dietetics, economies and a general outline or demonstration of the treatment necessary for their child.

6,434 cases were induced to see the family physician.

14,060 were referred or escorted to the hospitals when they could not, or would not, afford the attendance of a private physician, and of this total of 20,494, 15,030 have been returned to the school cured.

Periodic examination of head and teeth are also made.

Another duty we assume is that of addressing the various parents' associations or mothers' clubs affiliated with our schools, to talk to them upon the care of the growing child, general hygiene and to answer the questions of perplexed mothers.

These addresses have proved most valuable in our efforts to win the parents' co-operation when the nurse later visited their homes.

Special talks have also been given to the children in the higher grades instructing them in hygiene, the care of the injured, first aid procedures, and in two schools I have established an emergency corps among the older children, to stimulate their interest. These children rush to the aid of their injured companions. They know where to find the nurses' supplies and that 30 drops of creolin equal half a teaspoonful; that sterile water is necessary to cleanse a fresh wound, and how to apply a first aid dressing or bandage. Five little girls told me yesterday that they intended to be trained nurses, and one said that since the nurse called at her house her mother keeps peroxide of hydrogen, creolin, collodion, old linen and asbestos cotton (meaning absorbent cotton) all ready for emergencies.

In consideration of these statements which represent but part of one year's work, and the first at that, it is clearly and emphatically disclosed that our school children and the community at large are being inestimably benefitted.

Apart from the very vital consideration of the help to the children found with hitherto unrecognized troubles, and the remarkable increase in the efficiency of the scholars, the relief to the teaching force is of itself important enough to justify the system of school nursing.

I have taught this system as I have developed it, to representatives from six large cities and two foreign countries. Already I have been requested to send our nurses to establish our system in other cities. The following recommendations have occurred to me for the improvement of the service:

I would advocate that the public schools in Boston have at least one nurse for each school district, of which we have 65, and with three to six schools in each district.

Secondly, I would earnestly urge that all educators, physicians, nurses, social service workers, and others interested in the physical welfare of the child, lend their aid toward inducing our best local hospitals to conduct clinics exclusively for school children Saturdays, and week days after school hours, when children

could be examined, operated upon or receive dental care. This would assure for them the greatest amount of time possible in school as many remain only until the expiration of their legal obligation.

The work that is being done in New York, Philadelphia and Boston will soon be instituted in all of our cities and larger towns. Our neighboring towns, Brookline and Arlington, are now considering plans for nurses in their schools.

When we consider that the average wage of the business woman is about \$10 per week for eight to twelve hours' work, that a successful trained nurse occupied on an average of three-quarters of the year at \$21 per week averages a \$15 weekly wage for eighteen to twentyfour hours' daily service frequently necessary, we find that the school nurse with a maximum wage of \$17.50 per week, an eight-hour day, one-third pay if ill, four weeks' vacation with pay, and the additional standing as a special teacher and social worker, with the prospects of a pension if long enough in the service, is certainly making the best of this new opportunity offered to nurses.

As an adjunct to the training of a nurse who desires to be a school nurse, it would be helpful to them were they also instructed in social service work. It would be well also for them to have some knowledge of the German and Italian languages, to be able to explain to these foreign mothers in their native tongue the necessary suggestions for the children's welfare.

Let us all look forward to the time when every city of the union shall have a public school nursing system, inasmuch as it means healthy bodies for our future citizens, and after all is said and done, "health is the keystone in the arch of education."

### Training Nurses for Institutional Work\*

CHARLOTTE A. AIKENS.

#### DISCUSSION.

(Continued from September.)

M ISS RIDDLE (Newton Hospital)
—We all agree that this training for institutional work would be a great advantage to the nurse, and we again agree that the institutional nurse is hard to find, because she has not yet been developed, and I feel sure we may see the reason when we consider all that a nurse is required to learn before she can go out and compete with others of her class.

There are very few who come to our schools who are prepared for institutional work. The average applicant has an idea of fitting herself for private work, and it is that idea which brings her to our schools. It is only the occasional one who may have had some experience as a teacher, or in some other professional line, who gives it any thought whatever.

Possibly no one understands or realizes more fully than the superintendent of a school the need of this training for the pupils unless it be the pupil herself who finds her need when she comes to the small hospital to take charge.

It is this very realization on the part of the superintendents that caused them to inaugurate and support a course in Hospital Economics at Teachers' College, Columbia University.

The course entails an expense that cannot be met by every one, neither can every one become a member of the class there. Those who have the course in charge realize the necessity for a period

of private nursing before it can be taken. The average institutional nurse has spent no time in private nursing, and consequently finds it hard to gain admission there.

There is some danger in inaugurating this into the course for pupils in all the hospitals. I am very much afraid the hospitals would think only of the advantage to them rather than of the advantage to the pupil. In almost all these forward movements the same is true. I know of some schools in which it has been tried in a slight degree, and it is the boast of those schools that a certain number of employees have thus been saved to the hospitals.

Consequently, it would seem as if it were something which required very serious consideration before being inaugurated in our curriculi, but it might properly be a part of post-graduate instruction.

Miss Tracey—There will certainly be no contradiction of the statement that good superintendents and head nurses are hard to find; that is to say, good in the sense of being thoroughly efficient. To be a good head nurse, one must be able to appreciate the varying point of view of all her many patients and to show the undeveloped pupil nurse that there are other, and broader, and vastly better ways of interpreting what seem to be unreasonable attitudes on the part of the patients. A good head nurse must be the embodiment

of loyalty to higher authority; she is often tempted to compromise strict loyalty to what may seem friendliness towards the pupils, but how truly unfriendly and disorganizing is the head nurse who tolerates criticism of the management from pupils. If she cannot honestly approve of this management, she must either yield her position or else work steadfastly and silently for unity and not division. No small woman can adequately fill this position, but how may she become large enough for it?

In order that a nurse may be thoroughly equipped for such an office, she should have a *three-fold training*. The first we can give her, and consists of a comprehensive training in caring directly for the sick. She should be able to do everything which is required of the pupil nurse and to do it better.

The second training the world only can give her by teaching self-reliance and developing judgment during a reasonably long period (preferably not less than five years) of private nursing. Nothing can take the place of this world training. It is said that a talent develops best in secret, but a character in the stream of the world, and this world-stream is essentially different from the hospital stream; in it one is daily shorn of prejudices be fostered within any sure to four walls, be the enclosed space ever so The third training, I believe, large. should not, and indeed, cannot be given in any one hospital however large or well equipped. This third is her special training for executive work, and it demands comparative study of many institutions. I do not at all believe in training our own nurse, for our own work, in our own hospital exclusively. I would gladly start her there and then send her out to bring back to us the

things we need. I know of no place where this higher education of nurses can be obtained except in the places established for general higher education; namely, our colleges and schools of technology. I would commend most warmly the course in Hospital Economics offered at Columbia University. To pupils of this course the doors of all the institutions of New York and other cities are swung wide open. They are sent to the Presbyterian to study the buying and bookkeeping; to Bellevue for arrangement of time and the care of the property of patients, for general supply-room and for the school for male nurses. To St. Luke's for arrangement of wards and operating rooms. To New York Hospital for laundry and kitchen; to Post-Graduate for care of children's wards. To Ward's Island for hydrotherapy and occupation, and so on throughout the entire course, studying the planning of time, the taking advantage of the best hours of the day for the heaviest work, the housing of nurses, the value of supplies. Nurses are always criticised for extravagance, but rarely taught economy. Pupil nurses even can appreciate much of the financial responsibility if allowed to have some insight into the problems of their own institution. At the Adams Nervine probationers are required to work out the cost of equipping a bed, later the value of food supplies and the cost of an acute illness. The great question of good class teaching can only be met by trained teachers. In addition to strong methods classes, Columbia requires its students to do a certain amount of practice-teaching. This was formerly done at Speyer School, but now the Hospital Economics students teach the nurses at the Laura Franklin Hospital. practice-teaching is strongly supervised.

Pupils are not allowed to give a lesson until both subject matter and method of presentation have been criticised and approved. The lesson is then given in the presence of critic teachers. But the question may be asked: How may we obtain this training for the number of women needed? The answer will be: Put the course of instruction upon a permanent financial basis, endow the chairs and establish scholarships. strenuous effort is being made all over the country to raise funds for making the work at Columbia a certain and assured aid to this great problem. This is done continually for the benefit of those who are well. How can we afford to withhold like benefit to those who are sick? And how can we carry on our institutional work without better equipped assistants?

Chairman—This closes our list of those who were on our programme. The question is thrown open for discussion, and I hope there will be those who will have sufficient interest to speak without being called upon, and I hope that the nurses will feel free to ask questions or to offer suggestions. The meeting is now open for general discussion. May we hear from Dr. Patch?

Dr. Patch—I am afraid I have no idea that has not already been better expressed. It sometimes seems to me that we have failed to touch the keynote of this matter. We have been training nurses for the last twenty or thirty years, and even now many of us feel that the nurse is often overtrained medically and undertrained practically.

I think there is one essential reason, for many of our difficulties, to be found in the fact that up to the present time we really have seldom had actual training schools for nurses. We have had

schools, to be sure, but they have usually been created and maintained solely for the benefit of hospitals, not primarily for the training of nurses. Hospitals have established training schools because they have been obliged to do so in order to get the service, but the moving principle has not been to create an institution of learning for the benefit of the nurse, but to get the work of that hospital done as cheaply as possible.

As long as this is the underlying spirit, I believe we are not going to reach the highest ideal in the training of nurses, and the only way I can see in which this may be changed is for the nurses themselves to take hold in earnest and insist that they get the results of the best thought, and further, that a normal school be established. I think until this is done, we shall find ourselves at the mercy of hospital managers. The thing has got to be put on a different basis before it reaches the highest development.

Dr. Thompson—I know but one way to solve this question of getting good superintendents, good head nurses, good operating room nurses, etc., but in taking those you train yourselves. That is what we do. If you will come up and inspect our hospital, you will see how we get along. If you use your own you know what you are using.

Dr. Cabot—Dr. Washburn referred to a controversy in which he and I were involved at the last meeting, in which I took the view that during the third year valuable electives might be given. That view I still hold, but it does not apply to hospital management. That seems to me to be a very special work for which comparatively few persons are fitted. Whether the course be two and one-half, three or four years, the time would be wisely spent on other things than hospital

management. I believe with Miss Doliver that private nursing is essential in the training for hospital management. Whether many nurses will go back to hospitals from private practice is an open question. Clearly if they do they will bring certain qualities which they can get in no other way. Any nurse who goes through a special course in the school and then continues in institutional work is quite sure to find herself in a "rut" from which it is hard to get free.

Dr. Alfred Worcester—I am glad of a chance to say how much I enjoyed the paper of the evening. I think it one of the best papers on the training of nurses I have ever listened to.

Too much is expected of women who have had no preparation whatever for the duties to which they are called. No matter how large the teachers' college course may be, it will only serve as leaven. A few splendidly trained superintendents will come from that course, but the small hospitals will have to go on with insufficiently prepared superintendents unless some such movement is inaugurated as Miss Aikens speaks of. There should be no uncertain vote taken here to-night. This meeting must fully agree that this reform is absolutely essential to the proper management of the small hospitals.

I am often struck with the difference in point of view of those who entered the profession in the early years of the training schools in this country. At the time when the schools were first started women who had had large experience in the world as teachers and household managers entered the schools of nursing. Now, when the schools have been going on for twenty-five or thirty years, probationers come who have had no such

previous experience. And yet, I myself believe that the time will come when nurses even younger than the limits of to-day will be accepted. I think the American girl when she leaves high school, who, of necessity, must be earning her living, or preparing to earn it, will have to be taken into the schools of nursing if we are to secure our best and most ambitious women. It will not do to say to girls leaving high school that they must wait a few years before entering the schools of nursing. We must do as they have had to do in Germanytake in young girls and have the courses of training fitted for them. When student nurses have easier hours and longer terms of service, then we will have the chance of bringing into the curriculum courses that will fit them for the various opportunities which were outlined at the meeting this afternoon.

It is most remarkable that whereas the preparation for every other profession on earth requires largely endowed schools, the profession of nursing gets no endowment. A woman who obtains her education as a nurse does so only by giving a full equivalent of daily service, or she may be allowed a pittance, but practically she is doing the work which, before the advent of schools, the hospitals had been paying for. It is quite clear that such training schools are not for the advantage of womankind. Until we shall be relieved of this, and until the schools of nursing are liberally endowed, there is little hope of advancement. Think of the many dollars spent for the furthering of the education of physicians, and of the few cents that have been spent for the education of nurses! When schools are properly endowed these courses can be given. Now the appeal for extra teaching is made to the managers of hospitals, who ask, "Is this going to cost the hospital anything?" and if it is they cut it out.

Chairman—Will Miss Aikens add anything in closing this discussion?

Miss Aikens-I do not know that I have anything more to say or to add to what I have already said. For some years I have been especially well situated to hear from hospitals of all kinds. I get letters asking for advice or suggestion on all kinds of problems. People know that I have been through all the different stages myself. I always give such help and suggestions as I can, but I can only give my own opinion. I have read and studied everything obtainable relating to such matters, and I have felt for a long time that there is here a great need as yet practically untouched by hospitals—this special training for institutional work.

There is a considerable number of small new hospitals developing every year. There are vacancies to be filled constantly. I feel that many of the larger hospitals are able to assume the responsibility for this special training, and that there should be some kind of missionary spirit developed among them that would lead them to undertake to train nurses for these executive positions of various kinds, as well as to better provide for their own needs. Large hospitals are constantly getting calls for institutional nurses. A gentleman connected with one of the Chicago hospitals told me not long ago that they had at that time sixteen applications for institutional nurses on file, received within a short time before.

I do not agree with the speaker who said that nurses did not want such positions. Some nurses may not; others do. I know a great many nurses are asking for hospital positions. A great many may need training, but the question is, where can they get it? Where can they get the kind of instruction they need—the careful, systematic, theoretical and practical instruction in different phases of executive work?

I confess I do not see how the larger hospitals can much longer refuse to take up this matter and work out this problem.

#### Scarlet Fever Prophylaxis.

Prophylaxis against scarlet fever is essentially the problem of isolation of the patient during the whole period of sickness and desquamation, combined with the utmost cleanliness and disinfection during and after the termination of the case. Inadequate isolation—aflowing the patient while still in an infectious state to associate with susceptible persons in the home or outside—is unquestionably the principal factor in the

extension of epidemics. And this follows in many cases because the sickroom in the average city apartment becomes as irksome as a prison long before the necessary six or seven weeks' confinement is past. If the patient has not an ideal room, with plenty of light and good ventilation, and with equable heat in cold weather, and a wise attendant, he ought to be taken to a hospital.—Chicago Health Bulletin.

### Ctiquette and Cthics

BY A SUPERINTENDENT.
HINTS FOR SPECIAL DUTY NURSES.

In the discussion as to what should and should not be taught to pupil nurses in training schools, what subjects are and are not profitable for graduate nurses to discuss when they meet, one subject is rarely, if ever, touched on—the relation of the graduate nurse to the hospital, when she comes in as a special nurse.

Within the past ten years the demand for nurses for special duty in hospitals has increased, until comparatively few hospitals are able to supply the needs from their own nursing corps, and graduate nurses are constantly being called in to supplement the regular nursing force of the hospitals.

The presence of one outside nurse in a hospital may not be a serious matter, but when the number is multiplied by ten or fifteen, there is bound to be an influence created that undoubtedly affects advantageously or adversely the training schools.

Among all the multitudinous lectures to nurses while in training, is even one lecture ever devoted to this phase of nursing conduct? I fancy not, judging by my experience with a great variety of nurses from different schools. I plead guilty to this failure in the past, but hereafter the nurses whom I shall teach shall receive some very plain, practical instruction for use when they go to a hospital for special duty. They will be taught that one of their first duties is to see the superintendent of nurses, or of the hospital as the case may be, and learn if there are any regulations referring to special duty nurses to which they are expected to conform. There probably are. If the superintendent has had any experience with the problem she has probably made a feeble, if unsuccessful, attempt to regulate these afore-mentioned individ-The neglect of this little matter of business is, to say the least, a gross breach of courtesy. The case is not altered in the least by the fact that the nurse may have been engaged by the patient or doctor, who is supposed to have attended to the details of the arrangements. There are details which pertain to the arrangements for meals, for relief to a hundred little matters which may affect the comfort of the patient and other patients, which concern the nurse personally. No nurse should any more enter a hospital and assume responsibility for any of its work without consulting the person in authority in the institution than she would expect to walk into a private home and begin work without announcing her presence to the person in charge.

Having learned the regulations please abide by them. If there is a regulation relating to the hours at which special nurses shall come to their meals, do not rush in ahead of time. There are, without doubt, good reasons for a regulation that special nurses shall not present themselves in the dining room at any hour which their fancies may dictate. One illustration: In my own dining room the accommodation is limited.

As a general rule patients only pay for one room in a hospital, but it is common for a nurse to appropriate any vacant room she may discover for her own use and litter it with her belongings so that it presents a very untidy appearance when shown to prospective occupants. The head nurse will show you the place you may use as a dressing room, if you ask her. Do not feel that you are privileged to visit in the hall, with the internes and other nurses. You are paid to care for one patient in one room, and that is the place in which you should be found when on duty. Turning a corner unexpectedly not long ago the interne was discovered ascending the stairs with his arm around one of the graduate nurses on special duty-whom he had met for the first time the day previous. To say the least, it did not look nice. It wasn't a good example for my pupil nurses. If you must flirt with the interne, or with anybody else, while on duty in a hospital please go outside to do it.

You will probably be told the regulations regarding the use of the telephone. If it is necessary to communicate with the doctor or attend to any legitimate business for the patient, you will be allowed to use the 'phone, but don't take the occasion to call up some of your friends each day and visit with them when you have asked permission to send a message for Mrs. X., your patient. Use the pay 'phone for your own messages and do not stoop to petty meanness. Nor do not arrange for your friends to call you up on the 'phone two or three times a day and bother the office force sending messages to you. As a pupil nurse, you probably were not called to the 'phone two or three times a day, and you knew the reason. It may seem a trivial matter, but if there are ten or fifteen special nurses in the house, and each one has friends who want to visit with her every day, it makes a difference, and may cause embarrassment to those who need to use the 'phone for legitimate hospital purposes.

Keep a pair of rubber-heeled shoes on hand and wear them while in a hospital just as you were required to as a pupil.

There is the same reason for wearing them after graduation as before.

If you pretend to wear a uniform wear it, not a piece of it. Don't go on duty in a lingerie waist, with a bracelet and a flower in your hair. Please remember you have an influence on others and respect the hospital regulations which state that uniforms must be worn when on duty.

In most well regulated hospitals there are rules regarding quietness, especially after bed time. You are in charge in your patient's room. See that thoughtless visitors do not disturb other patients. By all means do not be a nuisance yourself by careless slamming of doors, loud talking, or boisterous greetings or farewells to visitors. Keep your patient's room clean. Sweep it and dust it unless otherwise ordered, and get it done early in the forenoon. Keep things picked up after you have put it in order. The fact that you are a graduate, with perhaps the right to the appendage R. N., does not excuse you for untidiness-one of the most common crimes of the special duty nurses.

Don't set the vases of faded flowers from your patient's room outside the door on the floor in the hall for some one else to remove. There is a receptacle provided in hospitals for such refuse. Find out where it is and use it.

If you have any special request for your patient's meals please consult with the head nurse or housekeeper about it in time. Hospitals cannot always furnish you with squab, or fried chicken, or wine jelly, or oysters, or clam bouillon on a

half hour's notice. Hospital housekeepers have a great many details to attend to. Occasionally a request for some special article may be overlooked. It may be all ready to use but has not yet reached you. Inquire about it courteously, and do not tell your patient you could not get it.

Don't gossip with your patient about the stinginess of the hospital in regard to food supplies or linen, and don't go up and down the halls airing your grievances to other graduate nurses. See the superintendent about it. It is her business to investigate grievances and remedy them ---not the business of special duty nurses. Then be sure you have a grievance. Don't think because you had certain difficulties to contend with in one hospital that therefore you will find the same conditions everywhere. Another illustration: A few hours after the admission of a new patient and her nurse to the hospital, a special messenger from a leading firm arrived breathlessly delivering a slipper bedpan, which he said "some nurse" had ordered to be sent out immediately. Investigation proved that the "some nurse" was the recently arrived special duty nurse. Finding none but "Perfection" bedpans in the rack provided, she had told her patient she could not get a slipper bedpan for her use—this. without consulting any one in the place. In the storeroom were plenty of the oldfashioned utensils which had been retired from use because of liability to accident and difficulty in cleansing. Another nurse, without even making a request for alcohol for rubbing her patient, had gone out and ordered the alcohol to be sent C. O. D. and charged to the patient when the hospital authorities had just told the

patient's husband that the price of the room included all drugs used.

When you are writing up your records please be careful not to shake the ink from your pen on the floor or rug. Several handsome rugs have been badly stained in our hospital in this way.

And please be careful about the plumbing. Don't throw banana skins into the water closet, nor even lay them in a little heap in the corner beside it. If you do accidentally drop something into the closet, speak about it at once. Don't wait till there is an overflow that may cause serious damage to ceiling and walls before you confess that an accident has happened.

Don't send in a request for ice cream or special delicacies for your patient and then serve yourself and your friends from the supply provided by the hospital. These are not imaginary occurrences. Clean up after yourself in the diet kitchen and don't leave dirty dishes which you have used standing around. If you forget to send your patient's tray in time to be gathered up with the other dishes, and suddenly remember it about 3 p. m., don't set it in the diet kitchen to be attended to by some one else. Wash the dishes and tidy it up yourself since you did not get it in in time to be washed at the regular hour for dish washing.

Don't use a fountain syringe to give an enema and leave it hanging with the tube and nozzle unwashed after use. You all know better than to be guilty of such practices, but still these things do happen.

I have no doubt other superintendents can find other material for such lectures, but these are some of the things I intend to teach before any more of my nurses go out as graduates.

# Practical Economics in Hospital Construction and Equipment

ANNETTE FISKE.

M OST hospitals, but more especially the smaller ones, have to consider carefully the question of expense in construction and equipment, and economical apparatus, if it can be made to serve the purpose effectively, is much to be desired. There are at the Waltham Hospital several features of interest from this point of view which other hospitals might find it advantageous to know about and which I shall, therefore, try to describe in a clear and practical manner. They are largely the materialization of suggestions of Dr. Worcester, and while economical and thoroughly practical, lay no claims to beauty of finish.

Most interesting, perhaps, is the water sterilizer. When this was installed, instead of going to one of the dealers in hospital supplies, recourse was had to a firm of makers of hotel kitchen furniture (Duparquet, Huot, & Moneuse Co.), where a 40-gallon utensil for cooking soups, etc., was chosen for the main tank. The accompanying sketch will perhaps make clear the general arrangement of The 40-gallon tank the apparatus. stands on rather high iron legs, which in turn rest upon a zinc-covered wooden table, the total height being adjusted to the smaller (20-gallon) tanks at either side, which are fed from above by pipes from the bottom of the large tank. water enters from the cold water pipe through a filter into the large tank, where it can be brought to boiling point in from 10 to 20 minutes by means of a steam coil in the bottom of the tank. There is

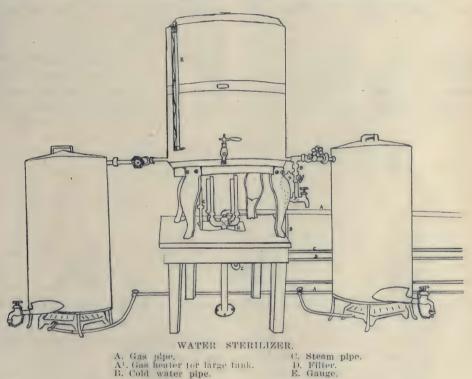
also a gas heater beneath for use in case of emergency, if for any reason there is no steam to be had, while each 20-gallon tank also stands over a gas stove. The smaller tanks are rendered sterile even to the faucet, which has a cap for that purpose, by being boiled out with the tap open, and are then filled from the large tank, in which the water has been boiled for one hour. The water in one small tank is used later as cold sterile water, while that in the other is used hot, being heated in a very few minutes by means of the gas stove. Each tank has a faucet by which it can at any time be emptied and there is a faucet also for emptying the filter, though this point does not come out so clearly in the diagram.

The two smaller tanks, which are of copper, had already been in use in the hospital for sterile water and so are not included in the expense of the apparatus, which, exclusive of cost of connections, was \$126.00. (This amount does, however, include the cost of a basin-sterilizer of which I shall speak in a minute.) Such tanks can, however, be obtained at any hotel kitchen furnisher's, and expense as well as work later on may be saved by getting them of other material than copper, though that is perhaps somewhat more durable. The large tank is of galvanized iron jacketed with canvas and painted a light gray. The total capacity of the three tanks is 80 gallons. At a hospital supply company the price of a water sterlizer of a capacity of 25 gallons is \$400.00 to \$500.00, and of one of 50 gallon capacity, \$600.00 to \$700.00, so

that the saving is very considerable. The plant was installed two years ago and gives perfect satisfaction.

An inexpensive sterlizer for basins is made from a covered tank of galvanized iron, about 16 inches deep and 16 inches in diameter, with a steam coil in the bottom and fitted with an open wire basket for the reception of the basins. It is filled with water which is boiled by means

heated above the condensation point of steam in order to avoid the wetting of the dressings. It was the first sterilizer to meet this requirement and obviate the necessity of drying dressings afterwards in ovens. The treasurer of the Massachusetts General Hospital paid for its construction on condition that a duplicate be made for his hospital. Unfortunately his blew up after a few years' use. That



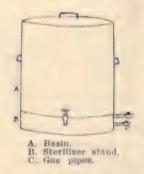
of the steam or, in case of emergency, by the gas stove placed beneath it for that purpose. The water is drawn off by means of a faucet leading from the bottom.

The steam sterlizer for gowns and dressings was designed and constructed about 1892 by the Thomas Phillips Company of Providence, R. I., at a cost of \$150.00, to meet the requirement that the contents to be sterilized should first be

at Waltham, however, is still in good working condition.

It consists of a shell of quarter-inch steel fitted with a vacuum valve, a steam gauge and a thermometer. A special safety valve was added later to avoid all risk of explosion from too high pressure of steam. It was also covered later with asbestos to minimize the loss of heat. The stand is of wrought iron piping, so that access to the steam sup-

ply beneath is easy. Inside the cylinder are four coils of steam pipes; i. e. above, below, and on each side of the chamber, which contains 9,720 cubie inches of space. When the travs have been filled with the materials to be sterilized, the door is tightly bolted with the screw bolts and the steam admitted to the The chamber having thus been heated above the condensation point, live steam is admitted directly into the chamber, at any pressure from 15 to 90 pounds, a temperature of 245 F. to 320 F. being thus obtained. When this has been continued as long as desired, (25 to 30 minutes will destroy absolutely all bacterial life.) the live steam is shut off and noted for its good looks particularly, but they say it is very easy to stand on-a consideration to the surgeon in long operations, though not by any means its greatest virtue. A flooring was first laid of splined planking, that is, where the boards which run the whole length of the room join at the edges, a strip of wood is inserted into the edge of either board so that as the boards contract and expand, although the crack varies in width, there is yet no chance for anything to penetrate or drip through. Over this planking is spread a rather soft asphalt, with a waxed surface, which allows of no absorbtion and can be thoroughly cleaned. There should be a slight



the drip pipe is opened. Very little moisture will remain and this can be dried out entirely by leaving on the steam in the coils for a while longer. The door of the sterilizer can then be opened and the contents removed when desired.

It will be seen that the operation of the sterilizer is easy, as it means simply the manipulation of a few steam valves, while apparatus that allows of such high pressure must of necessity be very durable. The steam in the case of all these sterilizers comes through pipes from the boiler room of the hospital.

Another point of possible interest is the construction of the operating room floor. Like some other things, it is not sloping of the floor toward the centre of the room to increase ease in cleaning and the asphalt should round up against the walls at the edges. The fact that it is soft—soft enough to receive indentations from heavy articles on a warm day—makes the asphalt easier to stand on than an unyielding floor, but it also allows the floor surface to adjust itself to the expanding and warping of the planking beneath in a way that no other material will do. This adaption is also a reason for the rounding up of the asphalt at the edges. It is an inexpensive floor, comfortable and easily cleaned.

Some of the corridor walls are painted

brick—not aesthetic, but clean and durable.

One other interesting feature of the Waltham Hospital is its open air wards, one for men and one for women. These are built up a few feet from the ground on piers of iron piping and are connected with the main hospital building by covered walks. The two wards are alike in size and construction, being about 18 feet by 36 feet and adapted to hold eight beds with the accompanying furniture. Over the board flooring is spread a special kind of tar paper with a smooth surface known as Rex Roofing which needs no tacking and adheres closely to the floor surface, while the overhanging wooden roof is covered with a paper called japaroid. There are no walls, but only wooden posts at intervals, groved on the outer edges. Into the spaces between these posts wire screens are fitted from the outside and buttoned in with wooden buttons. In the Winter the screens can be very easily removed for storage, and the wards left open until called into use again. There are five of these screened panels at either end and ten on the sides, except where the door takes the place of two. As a protection against the wind, sun and rain while the wards are in use, there are awnings, one to every two screens. These are raised and lowered by means of pulleys and run on rods at either edge to keep them close against the screens, while a heavy rod at the bottom edge serves as a weight. The patients can therefore enjoy the benefits of the open air in all kinds of weather without danger of undue exposure.

The cost of the two open air wards, exclusive of electric lighting, was \$967.10. The paper for the roofs cost \$61.75, for the floors \$34.20, the awnings \$185.62, and the wire for the screens \$30.20, while the rest of the expense was for timber, piers, paint and labor.

Such, then, are some of the economical contrivances by which expense, and to a certain extent, labor, may be saved in hospital construction and equipment with no sacrifice of the most complete effectiveness. If my description of them prove of real use to any one, I shall be glad. If not, the fault will lie with my description, not with the things themselves.

#### Temperament

"When hysterical persons learn that hypersensitiveness is only another name for misery, and that much of what they call 'temperament' is only ill-regulated emotional control, they will not be so proud of their impressionable make-up.

They will really desire to train this passionate sensitiveness into strength and calm."—From *Nursing the Insane*, by Dr. Clara Barrus, woman assistant physician in the Middletown State Homeopathic Hospital, Middletown, N. Y.



## The Moral Responsibility of the Aurse to the Community in Regard to Typhoid Fever

A. L. BENEDICT, A.M., M.D.

OF the various germ diseases prevalent in the United States, the following are about the only ones which, in the light of our present knowledge, may be regarded as theoretically preventable: Typhoid, tuberculosis, malaria, the venereal diseases. Smallpox and yellow fever are not included in this list because the former may be said to have already been prevented and the jugulation of the latter at its next visit may be expected almost as confidently as the virtual extinction of Asiatic cholera and typhus fever. Obviously, in so broad a statement, some qualification is necessary, yet if we use the word prevalent in a reasonable sense and the expression theoretically preventable not as applying to the possible future development of principles of which we now understand only the rudiments—and perhaps are misled as to these-but to the possible execution of sanitary details already well understood, I think the statement will bear criticism. It may be pointed out that such criticism should proceed from a careful consideration of the various infectious diseases as laid down in the unabridged lists of our standard works on pathology and practice of medicine.

If we compare these four diseases, counting the last group as one for present purposes, we note that the lines of procedure for stamping them out are radically different. The last heading calls mainly for moral conduct and selfish caution, easy to enunciate, impossible to secure. Malaria is to be combated by draining swamps, pouring crude petroleum

over stagnant water, using screens both to protect the prospective patient from an unknown source of infection carried by the anopheles mosquito, and to prevent the mosquito from getting at the actual patient and thus being able to convey infection to other victims. Even the use of quinine by stamping out sources of infection, one by one, must be considered.

Tuberculosis involves many problems too complicated to be discussed here.

Typhoid presents practical problems different in every way except that the cradication of any infection necessarily deals with the germ that is the ultimate cause. No moral problem is concerned in the limitation of typhoid, except the duty of care for one's self and others, but, as will be emphasized later, this is really a matter of morality in the broad sense.

In the case of malaria, it is practically more important to direct our efforts at the insect which carries the germ than at the germ itself. In the case of typhoid, while insects may accidentally carry the germ, they do so only adventitiously and while it is still important to exercise caution with regard to various substances that act as carriers, notably water, our ultimate success must be directed pretty directly at the germ itself, while precautions dealing with carriers are not only liable to error, but are financially expensive as compared with the direct method of prophylaxis.

Only two points of contrast will be noted with reference to tuberculosis. Typhoid is an infection which is always

due to a preceding human case, while tuberculosis, like many less frequent infections, or some that are prevalent enough, but which we have at present no known feasible means of combatting, involves the lower animals also. Secondly. the patient with tuberculosis must be rigidly quarantined before exemption from this scourge can be secured, while in the ordinary sense of the word quarantine is not necessary in the case of typhoid. By a perversity of fate, it will be impossible to quarantine the tuberculous patient until we can secure legislation that will virtually imprison him for the benefit of the population as a whole, while, on the other hand, the ordinary typhoid patient is during the major part of the course of his disease really quarantined by his physical weakness and the necessity of confining him to bed to take care of him.

It is quite impossible to obtain reliable statistics to show the exact relative prevalence and mortality or disability due to these four preventable diseases, but in an average year 350,000 typhoid cases occur in the United States, and about a tenth of them die, while the survivors lose at least a month of life on the average, not to mention the direct expense. In any group of persons exposed to typhoid to such a degree that every one gets a dose of typhoid bacilli, practically every one who has not already had the disease contracts it, without reference to his general health at the time.

Every case of typhoid fever that now occurs implies two disgraceful conditions. I. Human excrement has passed pretty directly to the mouth of some other human being. 2. Every death from typhoid fever is an act of homicide by the person or persons in charge of a preceding case. These facts have been long

enough and well enough known so that no one really in charge of a typhoid patient can plead ignorance of them. The first fact needs no qualification except to state that the amount of excrement is not ordinarily sufficient to be detected by the senses. On the other hand, it may be strengthened by the statement that the great majority of the infectious material that keeps typhoid extant comes from either faeces or urine, not from expectortion, epidermal scales, etc., and that it comes from a patient flat on his back and in charge of a physician and a nurse. This last point may also be strengthened. If the patient cannot afford good care at home, he is almost always in a hospital, under the care of trained nurses, and where there is every facility and every possibility from the standpoint of discipline for the exercise of proper precautions. Typhoid is not like many diseases in which the patient can somehow or other get along without care. He iswith rare exceptions-so sick that good nursing, though not always attended by a trained nurse, is inevitable. Any exceptions come under the same category as cases of starvation, solitary persons dying without being discovered, sudden catastrophes at a distance from the ordinary safeguards of civilization, and such a catastrophe seldom takes the form of typhoid because the farther a person is away from civilization the less likely is he to be in reach of a source of infection.

The better class of patients are practically always under the care of a physician and his attendance is necessarily so frequent that he ought to be able to instruct even an untrained nurse—a member of the patient's family, for instance—as to the care of the discharges. But it may be asserted that there is no condition arising in medical practice, infectious or not,

ir which the probability of the employment of a trained nurse is so great as in the case of typhoid. The readers of this journal are abundantly able to support this statement if true, or to correct it if false. Let the reader who has been in practice a few years eliminate her surgical and obstetrical cases and those in which she has had charge of a more or less nervous patient as well as the cases which require companionship more than nursing. Relatively to the incidence of typhoid in private houses, has not this disease claimed your attention more than any other? And has not your experience been that the families who could not afford your services for a broken limb, a case of nephritis or consumption, or measles, or diphtheria, have, somehow or other, managed to secure them when typhoid occurred?

In regard to the second statement that every typhoid death is virtually a homicide, it is obvious that deliberate murder of a definite individual is not meant, and that the persons guilty of homicide are not in danger of serious penalty at the hands of the law, but, morally speaking, to let typhoid excrement get into the water supply of a community, or to let it reach any of the less frequent paths of infection, as by flies, is just as much manslaughter as to fire a gun into a crowd or to throw a bottle from a high cliff down to a level where there is every likelihood that it may smash some one's cranium.

It has already been stated that with comparatively few exceptions, mostly explained by solitary life of the victim, the occurrence of walking, mild cases of typhoid fever, Christian Science or dense ignorance and neglect, typhoid fever is pretty regularly and constantly under medical care. It has also been plainly

implied that the method of prevention of the spread of typhoid is neither subtle nor recently known. It is an established fact, easily put into practice, and no physician competent to practice at all can be ignorant of it. Thus the responsibility lies primarily with the medical profession and no attempt is made to disguise this fact.

But, as already emphasized, there is no disease which is so likely to enjoy the benefits of trained nursing as typhoid, and while the general executive responsibility of the case lies with the physician, the execution of details necessarily devolves upon the nurse. Even if the physician neglects his duty and is willing to have other human beings killed as the result, this slaughter may still be prevented if the nurse does her duty. Moreover, while it is a dangerous thing for the nurse to go contrary to the physician's directions in regard to the care of the patient, or to supplement them, unless in great emergency, even if she is morally certain that her judgment is superior in this regard, she can save human lives without in any way interfering with the physician's attendance on the particular case. It is scarcely necessary to add that ne reference is here made to cases subject to family or untrained nursing. that case the nurse is avowedly ignorant except as she is specifically instructed by the physician.

The sweeping statement may be made that if all cases of typhoid fever could be under the care of trained nurses who fulfill their duty for one year, typhoid could be practically annihilated. The word practically is used in qualification because we must still allow for the spread of infection by unrecognized cases, especially by the ordinary case in its unrecognizable stage, by so-called

bacilli carriers, that is cured, patients in whose alimentary canal, gall bladder and urinary passages typhoid bacilli continue to propagate even for many years and for unpreventable lapses of various kinds. But all of these sources of infection together account for a comparatively small percentage of the total typhoid incidence. The great majority of typhoid cases might, if the bacilli bore proper labels, be traced back to discharges known to be infected. If these discharges were properly treated, in every case, there would be a rapid and enormous fall in the typhoid The disease would become incidence. so conspicuous by its rarity within a year that every case would be eagerly sought and studied, special precautions for preventing its spread could be easily secured and, by the law of chance which governs the transfer of bacilli from one case to another, there would remain not even the relatively small percentage of cases due to the practically unpreventable sources of infection mentioned, but a percentage of this percentage.

Now do not imagine for a moment that this article is a mere visionary statement of what might be. There are many infections, such as the exanthemata, influenza, etc., in which the germs are given cff so abundantly and are so easily transmitted in the air that, so tar as we can see at present, there is no hope of limiting them, so that we are excusable, if not justified, in neglecting more than the ordinary measures of prophylaxis. But tvphoid has already been controlled to such a degree as to warrant hopefulness. In the city with which the writer is most familiar, there are now about 300 cases a year. When it was a quarter as large, there were about a thousand. Yet, so far as can be judged, there are at present a far greater proportion of cases brought in from outside the city. In Paris and many other European cities typhoid has already become a relatively rare disease, not exactly a medical curiosity, but as rare as diabetes, for example.

It should be confessed that this diminution of typhoid incidence has been due very largely to precautions taken, so to speak, just outside the mouth of the man who might be infected, by safeguarding the water supply. We have now got to a point when further care at this point will be very expensive, necessitating sand filtration or the purchase and policing of large watersheds by cities, and other elaborate means of an engineering nature, or else the education and discipline of a recple which is notoriously difficult of discipline, to guard its own drinking water and otherwise to practice precautions at its mouth of an elaborate, expensive and time-consuming nature. In 1890 there were over 43 deaths from typhoid per 100,000 of population. From the gradually increasing density of population we should expect the typhoid deaths to increase. Instead, they have gradually and steadily declined to a trifle over 28 for 1905.

Fortunately, we have also reached a point where the number of typhoid cases is so small that it is high time to practice the "man at a time" policy, and where it is becoming more and more possible to trace—and to punish—the sources of every fresh outbreak.

Do not misunderstand me to deprecate the continuance of precautions "at the patient's mouth." But, in a perfectly literal sense, we want now to catch the typhoid bacillus coming and going. At first thought, it seems ridiculous to try to kill such minute and numerous organisms as disease germs. But, is it? When in Holland, with water everywhere, and

stagnant pools and marshes practically unavoidable, I expected to see plenty of malaria, but it was rare. My immediate conclusion was that the anopheles, the mosquito necessary for its transmission, was, for some reason absent, but I was assured that it was fairly abundant. Then I exclaimed: "Why is malaria so rare!" And the answer by Prof. Pel, the leading medical authority of the country, was that the prompt and universal use of quinine in every case that did accidentally occur, had destroyed the plasmodia.

Now, it is true that the typhoid bacilli are minute and almost infinitely numerous in any single case. But they do not fly off from the surface of the body, nor are they carried by air currents as in the case of the so-called "contagious" diseases, which are so extremely transmissible that not even contact is necessary to spread them. They do not multiply cutside of the body as some pathogenic germs do. On the contrary, sunshine and cold kill most of them in a comparatively short time. Unless in very favorable surroundings, for instance, protected from the sun and kept at a proper temperature by the fermentation going on in a manure pile, they at most manage to survive in any environment outside of the body. They do not reproduce the disease in uncontrollable lower animals except in a theoretic, laboratory sense of no practical sanitary importance, so that we can concentrate our attention upon human patients. They are attacked by germs of decay already present in the feces, in vaults, and readily implanted from the air. They are filtered out by a few yards of ordinary soil. If there were no growth in human beings, the probability is that within six months they would all die out in any natural environment that they would be at all likely to reach.

Forget that typhoid bacilli can only be seen with the high power of a microscope. For practical purposes they are as large as a discharge of feces or urine (about one sample of urine in five contains them) or, at the smallest, as large as a mass of sputum from an involved lung (and not every pulmonary complication of typhoid consists in a localization of the typhoid process), or as the contents of a rose spot or a boil or abscess (which again, may not be due to typhoid bacilli directly). Doubtless some few colonies of bacilli will escape, but, even so, they are still confined to the patient's gown, his bedding, handkerchiefs, towels, eating utensils, etc., or, at the farthest, to his room, which can be disinfected throughout the course of the disease and at the end.

It is unnecessary to beg you to try to save the patient's life. But remember that you have it in your power to save or to kill other human beings. Do not hide behind the impersonal nature of the killing. It may not be so impersonal as you think. If you are nursing a case and taking no precautions as to the discharges, read the health reports of the town next below you in about a month, if the streams are not ice-bound, or the next Spring, if they are. The chances are that you will see that there has been an increase of typhoid, or, if the town is small, the total number of cases may be all increased from zero. Then you can say to yourself "I helped do that." By a little correspondence you can actually find the names of these people that seemed so impersonal. If you are in the country or in a small village that still uses wells, you may be able to trace your work without reference to health reports. This would be less impersonal. It is not at all impossible that some of the persons killed are your own friends or

relatives. This would be distinctly personal.

Meanwhile, both physicians and nurses must bear in mind that the comparison of a typhoid case or epidemic to the result of a shot fired into a crowd, is becoming truer and truer in a sense that may not be apparent at first thought. People are beginning to hunt for the person that fires that gun. As in the illustration, the larger the crowd and the larger the number of places from which the danger might come, the harder it is to locate the exact individual. Every municipal board of health that is not derelict in the discharge of its duty is able in almost every instance to trace a typhoid infection, at least part way. For example, not to mention camps and analogous communities in which there is no sewerage and flies and dust are thick, so that the typhoid was probably borne from feces cretty directly, there may be a number of cases near together in a city all of whose inhabitants use the same water. Then the board of health hunts for the neilkman and usually finds a patient in his family and a method of handling the milk or the cans that is not only unsanitary, but grossly indecent. If the cases are distributed pretty evenly, the water supply is probably at fault. If it is a big city with a large water shed supplying its water, it is almost hopeless to locate the exact source of the epidemic. The smaller the town the easier it is to trace it by remembering the simple rule that water runs down hill. If wells are used and the hunt is so easy that the local health officer probably knows in advance the source of the infection and can tell just about what families are endangered.

#### Chronic Constipation in Children

Herman B. Sheffield declares that the causes of habitual constipation are very numerous. Faulty diet is responsible for a great many of these cases. Another cause, atony of the intestines, may be primary, congenital in nature, or secondary or acquired. In various chronic diseases associated with general debility and loss of flesh, the sluggishness of the bowels forms merely a symptom of the dsease. In treating these cases the causes instrumental in the production of this condition should first be arrested. Then the damage done during the continuance of the constipation should be removed. It is of great importance to train the child to have a movement reg-

ularly every day. An easy position for the child at the time of defecation should be studied. The child should be placed on a low seat so that it may assume a squatting posture. The aperture in the seat should not be too wide, for the gluteal group of muscles must be allowed to separate or relax. Correction of diet is very valuable for the prevention of this trouble, but does not always remedv it. The addition of cream, buttermilk, honey, cooked or raw fruit and vegetables to the regular "mixed diet" is invaluable in older children. A glass of cold water on an empty stomach and before retiring is often very useful.-Archives of Pediatrics.

### Special Schools for Tuberculous Children

MABEL JACQUES.

CITY TUBERCULOSIS NURSE, PHILADELPHIA, PA.

PROBABLY no idea dealing with the treatment and prevention of tuberculosis appears more plausible than that of housing the tuberculous and suspected tuberculous school children in separate buildings, in other words, the establishing of outdoor schools.

We who are nursing the tubercular, are all, I am sure, constantly meeting with children who are in the incipient stage of tuberculosis, or those coming from families where some other child or an adult has been suffering from the most infectious stage of the disease, and where there is every possibility, yet no marked features of infection.

We endeavor, of course, to get these children under treatment. But immediately comes the drawback of the lack of education which must necessarily result if they are put under the proper treatment. It most assuredly is not right that these children be left with fifty or more other scholars in school rooms where the ventilation, though sufficient for ordinary children, is insufficient for these particular ones to whom we are referring. Then again, it is not fair to the healthy child beside whom, doubtless, the infected one must sit. Consequently to treat these small patients properly there seems to be nothing left to do but have them excluded from school. In some States I believe there is a law to that effect, or one that will shortly go into effect. But, as a general rule, the exclusion of these children can only be accomplished through a written request to the principal, from the family physician, to have the child excused.

This is a hard matter very often to ac-

complish, both because the physician possibly fails to see the importance of such an action, and also an objection is very apt to arise on the part of the parents. They are resentful, probably, of being told that the child needs to remain at home on account of the disease, and they object to the absence from school, and the natural results which follow

Not many months ago, in a Pennsylvania town, a child was excluded from school by the teacher, owing to a marked suspicion that she was a victim of tuberculosis. The parents of the child were enraged at the action, and deeming it unfair, entered a suit against the School Board, in which they were eventually successful. Had there been a special school to which this child could have been sent, all this trouble and expense might have been avoided.

In a way, you cannot blame the parent, who generally is ignorant of the dangers of the disease, this resentment at having his child denied the privileges of a public school education.

And under the present existing conditions in having the child excluded, how much is really accomplished? True, he is not compelled to remain for five hours in a badly ventilated school room, but very likely, particularly if it be Winter, the child becomes lax in his outdoor treatment, and is doubtless to be found many days in a closed kitchen beside a hot stove.

Of course if these children are excluded from the school they should be sent to a sanitarium where they would be compelled to take the required treatment. But they cannot all go to sanitariums, there is not room for them, hence we must try and keep them at home, and in so doing make sure that the curative results are in the majority.

Now we may have a child who remains at home, takes the required number of hours out of doors, sleeps under the proper conditions, takes his nourishment at the proper times, and in fact, carries out almost to a dot the modern sanitarium rules at home. Taken in the incipient stage, within a very short time, we see a marked improvement, and within a required length of time his physician pronounces him a cure. But it is often a year, and sometimes more than a year, before this child returns to school. Behind his class, lax in his methods of study, disappointed in the advancement of his classmates, while he remains behind.

I have in mind just now an example which may possibly illustrate this. boy of nine years, of intelligent colored parentage, early in the Winter began losing weight, developing about the same time a persistent cough. Upon examination it was found that the child had incipient tuberculosis. The physician who had made the diagnosis, explain matters to the principal, and the child was excused from school indefinitely. A routine treatment for his daily life was begun at home, earnestly urged by the parents, who anxiously co-operated with us. Of course, the child was told to remain out of doors. But where? The yard was too small, there was no balcony, no flat roof. Nothing remained but the street. The street and an association with other children who were remaining at home for reasons which pleased mostly themselves. But the boy was getting the fresh, invigorating air, and he was improving. The last examination finds the lungs completely healed. But what about the boy? He has a brother, two years his junior, who is about to pass to a higher grade, full of the enthusiasm of his work, looking rather indifferently at the older boy who is unable to compete with him, and who does not care to hear of his brother's success, and when next Fall comes he must step back, while the younger brother goes forward.

One can, of course, argue that all this is nothing as long as the health of the child is secured and the infection of other children prevented. But why cannot this be accomplished without the drawbacks to the child's education?

Let there be established in all cities special tuberculosis schools under the Board of Education. We have special schools for the incorrigible, for the blind and for the deaf and dumb. Why could we not have as well special schools for the tuberculosis child, on whom, to a great extent, the health of the future generation depends?

Through Dr. Ellen A. Stone, in the Journal of Outdoor Life for May, we learn of the opening and carrying on of a fresh air school in Providence, R. I. This school apears to be most successful, and the forming of these special schools all over the country would, I am sure, be a great help to us in prevention and the education along tubercular lines, as well as the doing away with exclusions from school. Each city should select the highest point of ground available for such a building. Simple of construction, but well built, and possessing exceptional values as to ventilation. In fact, instead of the usual puzzling question of heating a building, we should urge the best methods for letting in all the cold air possible.

In Providence hot soapstones and various arangements to keep the children warm, are supplied, and they are not at all disturbed by the cold weather.

This system seems to me almost an ideal one, if properly carried on, and we of the nursing profession can do much toward advancing this idea and furthering its establishing, and I am sure that in time such schools will be found all over the country. In Philadelphia the idea has been suggested several times at different public gatherings by Mr. Wallace Hatch, secretary of the Anti-Tuberculosis Society of Pennsylvania, and doubtless before long there will be movements on foot in that city to carry out the suggestion.

These schools will not only furnish proper means for educating the tubercular children, but will also be a form of employment well suited to teachers who themselves are afflicted with the disease. It is, of course, by no means compulsory that the teachers be infected members of a community. In fact, it always appears to me that good, healthy people working among these poor tubercular are often an incentive for them to do all in their power to help on the improvement of their own condition.

Many of the large cities at present and some of the smaller ones, are employing trained nurses in their public schools who supplement the work of the Medical Inspectors, and these nurses would, I am sure, be only too glad to add to their already splendid work, the oversight of the health of these scholars of the special tubercular schools.

I should think also that the interest of some philanthropic or charitable organization might be gained, whereby a certain amount of milk and eggs could be furnished to these children auring school hours. All this, I am sure, with proper instructions in the homes by the school nurses, should accomplish many curative results, and in so doing go a great ways toward obtaining a far better standard of health in the coming generation. For it is to the child that we must turn to help us reach this higher standard. The little children who we see playing on the streets can, with proper training, carry a wonderful influence into the poor disease-harboring homes. Let us teach these children the dangers of this disease and of the infection which may follow, making it simple and easy for them to understand, and they will carry the message into their homes, and in time the defensive attitude of the tubercular and their families will be replaced by the submissive, and we will find that in winning children to our side we have gained one of the greatest allies in the fight against tuberculosis.

#### Personal.

The Misses Lillian and Eva Cooper, R. N., are spending the Summer abroad. They are now in England and expect to return to Colorado Springs late in the Fall.

Miss Florence Hartman, of Toronto, Canada, class of 1902, Methodist Episcopal Hospital, Brooklyn, N. Y., has gone to Constantinople to teach English in the Turkish schools.

### The Red Cross Day Camps

O N° June 29 the first tuberculosis day camp of the American National Red Cross was opened in Schenectady under the auspices of the Schenectady County Subdivision of the New York State Branch of the Red Cross. It is the first of five Red Cross day camps established, or to be established, this Summer in America.

A Red Cross day camp will be opened in Albany within a short time, and another in New York City on Cctober 1. Other Red Cross day camps are located in Washington, D. C., and Wilmington, Del.

The Schenectady Red Cross day camp is located in a pine grove on high flats in the southeastern part of the city. It has two permanent wooden buildingsan office and a kitchen-and on platforms a large dining tent, two hospital tents-one each for men and womenand two conical tents for night campers. A medical visiting committee, whose members visit the camp in turn for an hour or two a day, are Drs. C. F. Clowe, H. L. Towne, Peter McPartlon and I. H. Collins. The camp is in charge of a superintendent, Miss Sarah B. Palmer, R. N., who was in charge of the floating hospital in New York City for three The nurse is Miss Rose Hofmeister, R. N., formerly of Utica; a temporary nurse has served nights part of the time. The camp has also a cook to prepare the noon meal and the milk, eggs, etc., served at other hours of the day. The camp opened with six patients and now has fifteen, the probable limit this year. The camp will be open until November 1, and perhaps longer. design was to take only incipient and moderately advanced cases, but it has

been difficult to draw the line in the new undertaking, and the camp has four fairly advanced cases—one of which is confined to bed. Several patients sleep at the camp. The camp has received its patients from the municipal dispensary.

The Albany Red Cross day camp, which it is expected will open soon under the supervision of the Albany subdivision, will be located on Kenwood Heights, on land generously furnished by the Albany Hospital for Incurables.

The camp arrangements are in charge of the Day Camp Committee, of which the medical members are Drs. Howard Van Rensselaer, Henry Hun and Charles K. Winne. The nurse will be Miss Nellie Coligan.

The Red Cross Day Camp Committee is, for the purposes of co-operation, a sub-committee of the local Tuberculosis Committee of the State Charities Aid Association.

The New York City Red Cross day camp is to be conducted by the New York County Subdivision of the Red Cross, and will be located on the roof of the Vanderbilt Clinic, a dispensary department of the College of Physicians and Surgeons, which is the medical department of Columbia University, and is at the corner of Sixtieth street and Amsterdam avenue. The clinic will fit up the roof at an expense of \$10,000 and will supply medical supervision to the camp. The New York County Red Cross will supply nurses, attendants and nourishment to the forty or more patients to be received.

The camp will open October 1, and will continue during the day all the year around. After the first few months, it

is probable that the camp will be open day and night. The superintendent of the camp will be Mr. Charles B. Grimshaw, superintendent of the clinic, and supervision will be given by members of the regular staff of the clinic. The capacity of the camp will be at least forty, and probably more, patients. Incipient and moderately advanced cases will be received, and when running the twenty-four hours more advanced cases can be handled.

In establishing these camps the American Red Cross joins hands not only with the National Association for the Study and Prevention of Tuberculosis, the State Charities Aid Association, and other organizations already engaged in the field, but with the other members of the International Red Cross. They were adopted only after investigation and consultation with the leading experts, and after recommendation to the Red Cross by the National Association for the Study and Prevention of Tuberculosis.

The day camp is of approved value in this country as well as abroad. The first day camp in this country was opened in Boston some three years ago, and has given such a good account of itself that it has been taken over by the new Consumptive's Hospital, located in Mattapan. Other camps have also been conducted in Boston, Salem, Mass., Washington, D. C., and in New York City, on the disused ferryboat "Southfield," conducted last year by the Charity Organization Society, and this year by Bellevue Hospital. The camp has, in fact, come to be recognized as an indispensable part of every progressive plan for the relief and control of tuberculosis. and therefore offers a wide field for useful work on the part of an organization so large and influential as the Red Cross, while at the same time its relative inexpensiveness and simplicity of conduct will not require the raising of large sums or the maintenance of a large force of workers, thus diverting the energies of the Red Cross from its first, if not more important, obligation of assisting the medical department of the Army in time of war, and of serving as the official emergency relief organization of the people in time of great national calamity.

The Red Cross-national and localhas practically no funds with which to carry on this work, since it retains for its own use no part of the millions of dollars which pass through its hands and which are given for the specific purpose of mitigating suffering in given localities, as San Francisco, China, Japan, etc., and since its membership dues are merely nominal—one dollar per annum-and hardly meet the expense of organization. The relatively small emergency fund at national headquarters is available only for war and disaster, and the endowment fund only for national calamities of the greatest magnitude. Tuberculosis indeed is a calamity, second to none other, but the terms of the national charter do not permit the deflection of the funds to this use, nor moreover would it generally be deemed wise to do so. The Red Cross is therefore appealing for voluntary contributions, and is confident that these contributions will be received in amounts sufficient to conduct a large number of day camps similar to the ones already instituted.

### Night Duty

FROM THE POINT OF VIEW OF A PUPIL NURSE ON NIGHT DUTY.

SEVERAL months before I entered the hospital I one day came across some verses entitled "Woman's Rights," one of which particularly impressed me: "The right to tread so softly beside the couch of pain,

To smooth with gentle fingers the tangled locks again,

To watch beside the dying in the still small hours of night,

And breathe a consecrating prayer as the spirit takes it flight."

How very beautiful, I thought; and I read the verse over until I knew it by heart. Also, I looked forward more eagerly to the time when I should be admitted to the hospital and thus be privileged to practice those dearest rights of my sex. Being now a nurse in the hospital and at present on night duty, I have at last abundant opportunity to enjoy the special privileges so poetically enumerated. Enjoy, did I say—well, now, somehow that doesn't seem to be just the right word in the right place.

According to poetry and romance I ought to have nothing to do but hold hands and smooth tangled locks and fevered brows. But this being stern reality instead of romance, I have an astonishing number of other duties to perform, duties which, in fact, take precedence of those pretty tasks assigned to the nurse by the average writer of romance. "The right to tread so softly beside the couch of pain" sounds rather well—as a quotation used to impress people outside of sick rooms, it is excellent —but as practically exercised in a hospital, it demands an abundance of strength, both of mind and body, and means not a little self-sacrifice. "To smooth with gentle fingers the tangled locks again" may be very romantic under certain conditions; but when one is hurrying around in a hospital ward trying to attend to twenty other less romantic, but decidedly more necessary duties, one is quite apt to altogether overlook the opportunities afforded for the practice of those employments so universally popular among the nurses one meets in print-not to mention the fact that the hospital nurse who allowed her patient to become the possessor of tangled locks would be sternly called upon to render a good and sufficient reason for her neglect, and that such good and sufficient reason not being forthcoming, the neglectful nurse would thereupon be treated to certain remarks from the head nurse well adapted to prevent any similar occurrence in the future. "To watch beside the dying in the still, small hours of night"-no poetry, this, but an experience that is surely bound to leave its mark on the life of the most frivolous young person; a solemn, tragic experience that calls for all a nurse's latent powers of self control, all the strong steady nerve that she can muster.

In our small hospital there is often but one night nurse, and as the superintendent and nurses sleep in the Nurses' Home, and the servants occupy a wing almost detached from the main building and quite isolated from the wards, the solitary night nurse is solitary indeed, having no companionship except that of the sick, over whom she is watching. Any extreme emergency occurring, the night nurse is, of course, supposed to immediately call assistance; but the

shrill whistle of the speaking tube seems to be a particularly unpopular sound at night, and the night nurse soon learns that the emergency must be real, not imaginary. It naturally follows that the experienced nurse is apt to be figuratively torn in two between dread of calling assistance unnecessarily and a terror of assuming the responsibility of dealing alone with the alarming symptoms that she sometimes discovers, and perhaps oftener imagines she discovers, in the still small hours.

Very solemn are the thoughts that sometimes bear one company in the long, hard, ghostly hours of night duty, when the lonely nurse is perhaps for the first time brought face to face with the great problem of life and death. When we sit beside the dying bed, then, if ever, do we indeed feel the need for some power to solace, some words of hope and promise for a future life beyond this world that experience in a hospital shows one to be so full of pain and suffering and sorrow. The solitary night nurse sits beside the dying bed, awful enough at any time, but much more solemn when alone at night and the heavy spasmodic breathing of a dying man may be the only sound. Little wonder then that one feels lonely, all alone in a world of sickness and pain and death-alone, cut off from all communication with other living, healthy people, alone with the sick, alone with the dying; you watch a last convulsive gasp; your heart contractsyou are alone with the dead. night duty in our hospital.

Night duty is something that in realization far exceeds any anticipations one may have had of it. Mere words can do scant justice to this portion of a hospital nurse's experience. Night duty in a hospital means more than loneliness.

It requires personal experience in order to fully understand what it can mean. Night duty? It means a turning of night into day, day into night; sleeping in the daytime-providing that you are fortunate enough to be able to sleep-keeping wide awake and at work all night long, no matter how much this may be at variance with your inclinations. You get up late in the afternoon, feeling tired, sleepy, stupid, out of the real world altogether: you go on duty at 7 o'clock at night and perhaps take entire charge of thirty patients-in which case, although you do your best, they probably are not cared for quite as you would like to be if you were ill. 7 o'clock in the morning you thankfully drag your tired and sleepy self over to the Nurses' Home, there to partake of a solitary breakfast, while your thoughts linger persistently around the sick beds which you have just left; and a little later, feeling all at once more wide awake than you have felt for twenty-four hours, you draw down your bedroom window blind, close the shutters to keep out the glaring daylight; and, stifling all yearnings to be up and about in the glorious morning sunshine, you creep into bed, resolutely close your eyes and strive to go to sleep. In this you are generally successful sometime before night—when it is about time to get up and 'go on duty again, certainly, if not before. There are days when I drop asleep almost as soon as my head touches the pillow; but there are also other days when I toss about hour after hour disturbed by a thousand noises which penetrate into my darkened room from the busy city without, and apparently magnified a hundred fold, echo and re-echo through my sleepless aching head; days when I try in vain to sleep, miserable

days to be followed by still more miserable nights, during which I am compelled to fight off Morpheus with even more perseverance than I have all day used in trying to woo the fickle god of sleep. A failure to sleep when one ought, combined with a tendency to sleep when one most emphatically ought not means much misery for the poor night nurse. Even though she has slept well during the day the night nurse cannot be comfortably sure that she will not be tortured by an overpowering drowsiness stealing over her when she least desires it. Much to be envied is the rarely fortunate nurse who is never called upon to combat that awful sense of coming sleep-awful in real truth, when sleep, above all else, is forbidden; when she acutely realizes that to yield to sleep may mean disaster to some one over whom she is watching; when, indeed, it is seared into her consciousness that happen to herself what may, sleep she must not. The work so lavishly provided for the night nurse in our hospital has at least the one advantage of tending to keep her so busy that she must necessarily keep awake. But even on busy nights there may come a temporary lull, sometime between 12 and 5 in the morning, a moment's breathing space, an interval of benumbing inactivity when there is nothing for the night nurse to do-nothing but watch and listen-a little space of time, during which the whole world seems wrapped in profound slumber; yes, even the moaning, restless, pain-racked hospital world is for the time being asleep, too. After a poor day's rest, the night nurse goes on duty tired and "blue," harboring a dread of the coming night. During the early hours she is thankful for the duties that keep her moving about, and performs them so energetically that the dreaded

enemy is kept at a safe distance. But when an interval of quiet comes she is sure to be so tired that she cannot help welcoming an opportunity to rest for a few minutes. So she sinks into a chair. probably by the bedside of the patient most critically ill, and with eyes very wide and ears alert, prepares to wait for any sound that may come to indicate the need of her presence elsewhere. And while she softly presses her finger tips to the clammy, emaciated wrist and counts the feeble, fluttering, irregular pulse beats, while she notes the character of the respirations and scans the pallid countenance for signs of any change. then, even then, sleepiness, her insidious foe, comes, and in the dim light an unusual silence steals upon her unawares and strives to enfold her. It comes and presses down her tired eyelids over her aching eyes, it numbs her senses until only by the supremest effort can she keep herself alive to the stern duty of wakefulness and vigilance; she knows that she is in danger of succumbing, but her limbs feel paralyzed, her eyelids weighted with lead; she is indeed falling asleep on duty-by a powerful exercise of will, stimulated temporarily by fright, she literally drags herself from the chair, staggering as she goes She hastens out to the gas stove and drinks big cupfuls of strong black coffee, but her head nods and her eyelids droop even as she drinks it. Desperately she plunges face and hands into icy water; she goes out into the corridor and walks rapidly up and down, up and down; but pretty soon she goes slower and slower, and her eyes close and her head nods as she walks. though she is ever through it all acutely sensitive to any sounds from the wards. She goes back and gulps down more black coffee; once more she bathes face

and hands in cold water, vigorously rubbing them afterward and wildly endeavoring to shock herself into a desirably wide-awake condition by conjuring up a formidable array of terrible consequences sure to follow should actual sleep for the space of one minute be allowed to overtake her. She wishes that some of the patients would wake up and want something, and listens in hope, but for once they seem to be all peacefully resting. She goes into the wards and looks upon rows of sick, unfortunate, crippled, maimed humanity, and at that moment she is dangerously near to the point of envying them because they may sleep if they can, and in consideration of this one great privilege, their ills almost seem trivial. She feels that she would give almost anything just to be permitted to go to bed and to sleep; yes even for the privilege of throwing herself down on the hard, bare, cold corridor floor and closing her wearied eyelids for just five minutes—this is night duty.

It is little wonder that as the weeks of hard work, poor sleep and heavy responsibility roll by one grows nervous and melancholy. Little wonder that as the solitary night nurse treads the silent halls she is sometimes startled by her own shadow, and that although her ears are constantly on the alert for sounds from the wards, yet her heart gives a great jump and her limbs tremble when the uncanny silence is suddenly broken by a loud cry or grean of distress from some unexpected quarter. I did not from personal experience know the meaning of the word "nervous" when I began night duty, but I realize that I am in a fair way to understand it much too well before I leave off. I go about in the subdued gaslight from one sick bed to another, and from ward to ward, fearing-

I really do not know what. With very sick patients there is, of course, ever the dread that some change for the worse may occur in one's absence, for when a nurse has charge of twenty patients she cannot be at as many individual bedsides at one and the same time. Nervous? Why, truly, as I pass along the dim deserted corridors I am sometimes ready to fancy that ghostly footsteps are following me, and I more than half expect to see some strange phantom shape looming up out of the shadows. I know quite well how foolish, yes positively silly, this is; but I have been on night duty long enough to realize the frailty of the best of feminine nerves after a siege of such nerve-straining, spirit-trying work, for reason cannot easily control my absurd fancies or check the tide of my uncomfortable emotions.

But when day begins to break, when the first faint rosy streaks are seen in the east, when the glad light of morning comes at last, quickly the terrors and loneliness of the dark hours are dispelled. The work which for some time may have given the night nurse too much leisure for thought, now makes up for any such deficiencies, and very quick and deft must she be in order to finish her work and be ready to go off duty at 7. And when 7 o'clock in the morning arrives, she can scarcely believe that it can be so late, so quickly do the last two busy hours of her duty pass away. She tells the day nurses that she has had a hard night. "Yes, perhaps rather hard," the reply, "but nothing to the time we had." She feels very cross at this; she doesn't believe them, and sometimes she says so. But they, because they have a distinct remembrance of their own night duty, forgive her and harbor no hard feelings.

### How Constipation May Be Relieved

EMILY J. MACDONNELL

T is said of gout that it attacks
"More rich men than poor men,
More wise men than fools."

This remark does not apply to con stipation, yet this malady, though no respecter of persons, has certain well-defined laws. It is a known fact that sex exercises an important influence; more women suffer from constipation than men; the brunette more than the blond, the Latin races rather than the Anglo Saxon the nervous temperament more than the phlegmatic.

Many and dangerous are the cures for it that are thrust upon suffering humanity, for indeed constipation, with its accompaniments of indigestion, discomfort, depression, insomnia, is to many true suffering. In all reliable medical books people are warned to avoid cathartics, no matter under what seductive name they may appear. Cathartics become a habit, and habits, we know, accompany us to the grave.

The delicate mucous membrane which lines the intestine may be injured for life by the loving care and over zeal of the anxious mother with her faithful administration of the sugared dose. It is within the remembrance of many of us when every unfortunate babe who was ushered into this weary world opened its mouth for the first time to receive a teaspoonful of castor oil.

In old hospitals this was a "standing order" in the maternity wards. Doubtless we of middle age all began our careers in this manner. But the world is advancing and cathartics are decreasing. The nursery Saturday night dose of "salts and senna" or "sulphur and molasses" is becoming a thing of the past.

Massage, in skilled hands, is good treatment, but massage is for the rich and idle, and cannot be carried out very faithfully by the busy woman who has her household to look after, or by the woman who is earning her own living.

Diet is a powerful agent, but requires to be carefully carried out, and the patient's idiosyncrasies thoughtfully studied. The same diet will not have the same result with all. Fruit, so useful in some cases, fails in others. So with the coarser cereals; and they are seldom, if ever, sufficiently cooked. Figs chopped into small pieces and soaked in salad oil, taken the first thing in the morning and followed by a glass of cold water, have sometimes cured the most obstinate cases.

A useful prescription, giving permanent results, and being within the reach of all, is the following bread, which, if properly prepared, will be found far from unpalatable:

From one to three a day should be taken, with or without butter, hot or cold. In following these simple directions several things should be borne in mind.

The wheat buns must be well mixed,

well baked, and above all things well chewed to give excellent results.

At first there will be the difficulty of procuring Wheat Bran, for all know ordinary bran is made from oats, and until your grocer finds it worth his while to keep it, you will probably have to procure it from a "feed store."

Nowadays we hear of women supplementing their incomes in many new and original ways. We have "Mary Elizabeth's Home Made Candies," "Susan's Mouth Wash," "Jane's Barley Sugar." Surely it would be worth the while of some enterprising and energetic nurse who does not care for hospital life, and is tired of the "tramp" existence of the private nurse, to start to make and sell, daintily and correctly prepared,

One a penny, two a penny, Hot Wheat Buns,

### In the Aursing World-Continued

#### Born.

At Sullivan, Me., Aug. 13, 1908, to Mr. and Mrs. Harvey Dunbar, a son. Mrs. Dunbar was Miss Alice Blaisdell, a graduate of Maine General Hospital, Portland, Me.

At the Methodist Episcopal Hospital, Brooklyn, N. Y., on Friday, Sept. 11, 1908, a daughter to Mr. and Mrs. Harry Taylor. Mrs. Taylor was Miss Mary Owen, of the class of 1904, Methodist Episcopal Hospital.

#### Married.

June 10, 1908, Miss H. Schwalbee and Mr. H. W. Jenkins, of Savannah, were quietly married. Miss Schwalbee was a graduate of Park View Sanitarium Training School, class of 1905.

Miss Iva Cliff, Assistant Secretary of the Hennepin County Graduate Nurses' Association, of Minneapolis, during the past year, and Dr. T. J. Benson, of Fromberg, Montana, were married Sept. 10, 1908. Miss Cliff is a graduate of Asbury Hospital, of Minneapolis, class of 1904, and Dr. Benson, a graduate of the University of Minnesota, 1904. Doctor and Mrs. Benson are at home at Fromberg, Montana.

Miss Grace Anna Garnett was united in marriage Sept. 9th to Mr. Leonard J. Hughes at St. John, New Brunswick. The ceremony was performed by the Rev. R. P. Mc-Kim at the residence of the bride's sister, Mrs. J. S. Gibbon. Mrs. Hughes was formerly head nurse at the Chipman Memorial Hospital, at St. Stephen.

Miss Helen V. Curley, class 1900, St. Joseph's Hospital, Yonkers, N. Y., and Mr. William O'Conner, a prominent business man of Yonkers, were married Sept. 1st. After a few weeks in Maine Mr. and Mrs. O'Conner will be at home, 217 Buena Vista avenue, Yonkers, N. Y. Mrs. O'Conner was a member of Miss Ryan's registry several years and quite popular among her co-workers, all of whom wish her much happiness.

In Brooklyn, N. Y., on June 30, 1908, Miss Elizabeth May Straley, of the class of 1906, Methodist Episcopal Hospital, Brooklyn, to Mr. John Monroe Battell.

In Ottawa, Canada, on June 30, 1908, Miss Mildred Isabel McFarlane, of the class of 1904, Methodist Episcopal Hospital, Brooklyn, N. Y., to Mr. Charles Alfred Smith. Mr. and Mrs. Smith will make their home in Ottawa.

## Editorially Speaking

#### Nurses and Social Service Work

No subject (unless it be the training school) which concerns hospitals is attracting more attention at present than social service work. It is true that for many years a great many hospitals have done more or less of such service for both in-patients and out-patients. tendents have imposed on themselves the task of getting cases admitted to other institutions, convalescent homes, of putting them in touch with charitable and other helpful agencies. It has been a fixed policy for years with some superintendents (whose heart had developed in proportion to the expansion and opportunities in other directions) to never allow any poor patient to leave the hospital without the assurance that somewhere there was a door that would open to receive him. This kind of work has been quietly done-so quietly that the world has known little of it. Hence the enthusiasm with which the mention of social service has been hailed as a new idea. Perhaps the large charity hospitals have not done much of such work. Perhaps the spirit of social service has been lacking in the out-patient department. Perhaps nurses in general have not felt any special responsibility for such service. All this is probably true. We needed an awakening, and all American hospitals and society in general are debtors to Dr. Cabot, of Boston, for putting emphasis on the need of more attention being given to this subject if our hospital treatment in many cases is to be really effective.

This awakening has already come to many hospitals, and with the awakening has come the realization that if hospitals are to effectively develop this department of social service they must have a staff of workers specially trained for such work. Many hospitals are now looking around for capable women to take charge of the social service work. They are prepared to pay a fair price for such service if they can get women who can fill the bill. That rate of payment will be advanced as the woman proves her ability to make such a department effective. The public will pay for such service, but it demands (and rightly) as efficient service in that department as in other lines. One thing has been fully demonstrated in the last two or three years—that is that laymen who are trained in philanthropic work can do such work. It does not require a thorough knowledge of the human anatomy, or of nursing, or of medicine. It does demand good judgment and common sense, energy, tact, a knowledge of human nature gained by first-hand contact with large numbers of people, and a real and genuine interest in the "other half"—an interest so genuine that it will leave no stone unturned in the search for a way out of the difficulties of each individual and home.

The training needed for such work is not, and can never be, properly considered as a part of the regular nursing course. It is a specialty to which nurses may aspire after some years of experience have been gained. In many ways nurses are better fitted to do such work than the church worker or charity expert, because they are able to see things from the hospital standpoint, to appreciate the

needs of a great many hospital regulations which to the lay worker seem severe or superfluous. That is, nurses are better fitted if they will take the special training for such work. The present is a critical time. A few years will determine to a large extent whether this field of hospital service is to be occupied by nurses or by women without nurse training who have had training and experience in general philanthropic work only.

This is a line of work which should appeal to the older nurses—that is, to those especially who have passed or nearly passed their allotted ten years in hospital work or nursing. Perhaps the great mass of nurses are unfitted for such work, but there are a great many nurses who unquestionably are fitted for it. It demands some executive power, the ability to manage people, a resourcefulness in dealing with a variety of problems.

Within the past few years a great many superintendents of nurses and of hospitals have dropped out of active hospital work to rest, and perhaps find some line of work less strenuous than regular hospital work. We believe that many of these women are by natural endowment and experience well fitted for such work if they would give a few months to getting the special training needed.

#### Favoritism in the Training School

THE address of Dr. W. A. Norman Dorland, of Philadelphia, Pa., before the graduating class of the Philadelphia School for Nurses, has attracted much attention from members of the medical profession. The address has been published in pamphlet form, and has been highly commended by the medical press.

In the course of his address Dr. Dorland calls attention to the evils of favoritism in the training school. He says: "I have had an extensive hospital connection, and even in this question of the training of a nurse there is a grievance which has repeatedly been brought to my attention by the student nurses themselves, although I have frequently noticed the defect and commented upon it. \* \* \* I refer to the flagrant irregularities in the individual course, whereby one favorite nurse profits by an excess of bedside or out-patient instruction, and another draws in the lottery of favoritism a special career as clinic nurse, while a third bears the brunt of official disfavor and rounds out her career as hospital drudge."

This is most certainly a serious charge. The superintendent of a training school for nurses is but human, and that some of her pupils will appeal to her more than others is but natural, but that she should carry her likes and dislikes to the extent of depriving a pupil of the training due her is not to be tolerated. Dr. Dorland further states: "An impartial administration must be expected; and let me emphatically state here that this impartiality can be demanded and insisted upon by a proper and respectful co-operation on the part of the student body. favoring of one student in any respect should be regarded as a dangerous precedent, and should be resented immediately and without leniency by the student herself and by her classmates."

While this condition undoubtedly exists in some schools for nurses, we think it by no means general, as there are many high-minded women superintendents who would scorn such methods, but where it does exist the fault is with those who select the head of the school. We have before called attention to the lack of care exercised in this selection, the board of directors in most cases giving more atten-

tion to the reputation of the school from which the candidate has graduated than to any qualities of mind or heart which a woman should have to fill successfully this most trying position.

#### The English Registration Bill

For twenty years English nurses have been struggling to bring about state registration for nurses. Three bills were presented at the present session of Parliament, one by an organization known as "The Society for Obtaining State Registration for Nurses" (perhaps we have not the official name exactly right), one by the Royal British Nurses' Association acting in conjunction with representatives of the medical profession, and one by certain laymen and officials interested in hospital work and nurses. The latter bill was promptly disposed of. The bill instituted by the Society for Obtaining State Registration was recommended for a second reading. We learn from an English exchange that it came up for consideration in committee in the House of Lords on July 21 with "a formidable number of amendments, which alter it in many respects from the original bill." The formation of a provisional council is done away with, and the number of the general council is reduced to fifteen persons, six nursing and six medical representatives and three to be appointed by the Privy Council. It is quite evident that the problem of providing nurses for the small wage-earner is attracting much attention in England, as well as in America. One of the amendments to the bill suggests the insertion of a clause providing as follows: "If within four years from the commencement of this act the Council make a representation to that effect to His Majesty, His Majesty may, by order in Council, authorize the Council

to institute a register of nurses, to be called associate nurses, having a lower standard of training than that required in the case of registered nurses; but nothing in this act or the order shall authorize any such nurse to use or take any name, title, addition or description, implying that he or she is certified under this act, or is recognized as a registered nurse, except in combination with the word 'associate,' or to vote at any election of a direct representative of registered nurses."

#### What Are Conventions For?

WE asked the above question in the September number, and one of the answers received will be found in the Letter Box Department of this number. The writer of the letter is a superintendent of nurses of many years' standing. From her point of view the convention is a social gathering for the reunion of old friends and kindred spirits, and if it is a success in this respect it has fulfilled its mission. We doubt not that many of the delegates who attend the conventions are of the same opinion.

But if we are to accept this as the consensus of opinion, would it not be better to eliminate all other elements from the programme? Let it be known and understood as a social gathering. When a woman prepares a paper for one of these meeting she does so at the cost of much time, thought and labor. It seems to us hardly fair to ask her to do this if when such a paper is presented it is to be looked upon as our correspondent states, "a dried up paper on the many problems of nursing, to which no one wants to listen."

It seems hardly fair that an alumnae association should be taxed for the purpose of having one of its members come back and report only that she had a "good time," for, as we previously stated, we fail to see how she is going to impart this "good time" or "inspiration" to the other members of her association.

We also must consider the woman who goes to the convention caring little for the social features, but with "serious thoughts intent," and finds, to her great disappointment, little time or discussion given to the problems in which she is interested.

If the majority of nurses care only for the social features of the convention, if they have no interest in the nursing problems of the day, if they are bored by the papers and discussions, in justice let these facts be understood and let us cease preparing papers, appointing committees for investigation and doing many other things which, if this sentiment prevails among the delegates, seem like wasted effort.

#### Condensed Studies for Nurses

THOSE who have labored long and hard to eliminate non-essential instruction from the nurse's course of study have found one of the great difficulties to be the lack of suitable text books. Most of the text books on anatomy and physiology contain a great deal that may occasionally be valuable for reference, but nurses have neither the time nor energy to read through hundreds of pages to cull out the important points-hence the clinging to the antiquated lecture system and note-taking in many schools. What is true of anatomy is true also of dietetics, materia medica, obstetrics and various other studies. Not only is much time consumed, but the important point is often missed by nurses in a diffuse, elaborate presentation of a topic. After much thought and work on this problem and after receiving requests from a number of superintendents in different parts of the country, Miss Charlotte Aikens has undertaken the arrangement of a two-volume book of condensed studies for nurses. The book will not deal with the technique of general nursing, but with the theory of the allied subjects, and the special subjects, with which nurses are expected to be familiar. The first volume will contain a course of lessons on anatomy, physiology, materia medica, hygiene, bacteriology, dietetics and the principles of cooking—those subjects which (with the teaching of practical nursing) form the main part of the first year's studies and the groundwork for the remainder of the course.

Volume two will contain a course of lessons in obstetrics, gynecology, fevers, children's diseases and general medical and surgical diseases, arranged in concise form so that the matter, can be grasped by the pupil with the least expenditure of time and energy.

In the preparation of these muchneeded volumes Miss Aikens is consulting with superintendents and medical men of wide experience in teaching and hospital work, and the books are sure to meet with a cordial reception by those who are trying to reduce the burdens of the nurses and simplify their teaching problem.

It is expected that the first volume will be issued late this coming Fall.





CHILDREN FROM THE SUMMER PLAYGROUND SCHOOLS OF NEW YORK CITY ENTERTAINING NINE HUNDRED PATIENTS OF THE METROPOLITAN HOSPITAL, BLACKWELL'S ISLAND.

## The Hospital Review

#### Metropolitan Hospital.

The accompanying picture represents seventyfive children who gave a most delightful entertainment for the patients of the Metropolitan Hospital, on Blackwell's Island.

The children were from the Summer Play Ground Schools, of New York City, and this seemed an excellent way of putting into practical use the work which had been done in the Play Grounds.

The exercises were held on the hospital lawn, and the grounds, being spacious, it was an easy matter to seat between 800 and 900 patients in an immense circle, giving all a full view and abundant space for the performers.

The exercise consisted of calisthenics, folklore dances, songs and games—the music being furnished by a band of eight pieces.

Arrangements were made for all patients who could possibly be moved to attend, and their interest and delight during the afternoon more than repaid for the effort. The contrast between the actors and spectators was most striking. The children, gay, happy, full of hope and eager for the experiences of life; the patients (to many of whom life had been a hard struggle and bitter failure), glad to forget their misfortunes and recall, perhaps, happier days.

Arrangements were made for the entertainment by Mrs. Ralph Trautman, who is president of the Woman's Health Protective League, an inspector on the Board of Education and a member of our Training School Board.

It was planned as a double festival for patients and children, and also with the hope of inspiring the children with a spirit of helpfulness.

After the exercises refreshments were served for the children in the Nurses' Home, and each child was presented with a bouquet. They unanimously requested that they be permitted to repeat the entertainment next Summer.

The principals and teachers accompanied the children, and they, with the guests, doctors

and nurses, entered into the spirit and helped to make the afternoon a most pleasant one.

The Department of Charities had placed one of its steamboats at their disposal, and as they sailed away, amid the waving of flags, we hoped not only that they might revisit us, but that the spirit would spread to other institutions and other cities. Agnes S. Ward.

Superintendent Training School.

#### Some Phases of Medical Service.\*

The medical service of the Methodist Episcopal Hospital embraces from 25 to 30 per cent of the total number of cases treated. The greater part of the professional work of the institution is, therefore, of a surgical nature. This statement holds true of the great majority of similar charities. The surgeon's share of the work has of late years shown a tendency to increase. This tendency is readily explained by the growing disinclination on the part of the surgeon to operate except he has at hand the life-saving facilities of a well-equipped operating room. Without question this is as it should be.

But, for all that, the medical service thrives and takes keen interest in medical diagnosis and treatment, and rejoices or is cast down according to the success or failure of its efforts. We cheerfully leave to our surgical colleagues the comparatively quick and thrilling work of the operating room, while we, on the medical side, are more quietly engaged in watching and guiding the long-drawn course of a typhoid fever, or the relatively short and sharp fight between the germ of a pneumonia and the vital resistance of a patient. But, whether physician or surgeon, our work is the same—a constant struggle against the forces which tend to shorten or destroy life.

The dry statistics which are published—so many recovered, so many died—constitute but the scanty framework upon which is laid, as the sculptor lays his plastic material, the ele-

<sup>\*</sup>Extract from the Report of the Methodist Episcopal Hospital, Brooklyn, N. Y.

mental human interest of the work. It is the hopes, the fears, the anxiety and suspense, the interlacing relationships, which render the care of the sick such a big and vital task. The case, represented by a unit in the annual report, may have enlisted the keenest sympathy, the most strenuous work, the best available skill of the nurses and physicians, but the output of time and energy and compassion necessarily cannot be recorded save in the memories of those who gave and received.

To walk the wards of a hospital and to learn something of the intimate personal history of those who lie on either hand is to find a microcosm of human life. The mother of many is at last compelled to be cared for as she has cared for her children; the rough, strong laborer sees his toil-hardened hands grow white and soft as he impatiently awaits his recovery from a long illness, again to be a bread-winner; the young immigrant girl, but lately landed, looks with frightened eyes, large, dark, pathetic, upon her unfamiliar surroundings, and strives to comprehend the strange tongue which speaks to her. He, who driven by shame or despair, has attempted suicide, lies side by side with the young clerk, desperately desiring to live for his small family. Here, perhaps, is a thief, his criminal instincts in abeyance for a time, undistinguishable in the grip of illness from his next neighbor, an honest, hard-working fellow.

The question is often raised as to how it is possible for the physician to endure the sight of so much suffering as he must, perforce, in daily work. In the light of experience a ready answer offers. If one witnesses distress as a mere onlooker, the spectacle is either unbearable, or the observer is possessed of an unhealthy curiosity. if one is present with the well-defined object of alleviating the distress, whether of mind or body, sympathy and interest, while fully felt, are not morbid, and are subordinate to a wholesome activity of mind and body directed toward the help and relief of the person in distress. Even sympathy, if too keenly felt, leads to nothing, because the very intensity of emotion destroys the power to The resulting mental perturbation is of such a degree that the reasoning and presence of mind required to judge and to act are, for the time being, abolished. The physician, therefore, in order to do his duty, must keep the emotions under control and direct them into a well-ordered current of action rather than into a futile waste of expression.

In the Medical Service of this Hospital new remedies and new methods of treatment find a ready acceptance, provided always that sufficient evidence comes with them to render it at least reasonably probable that they are worth using. With the remembrance in mind of many iridescent therapeutic bubbles, which have vanished into nothing at the prick of a hard fact, this service, in practice, errs on the side of a mild scepticism, rather than on that of an unreasoning credulity. But it preserves a perfectly open and receptive attitude toward all that in any way promises good to its work. Not to do harm, even though unfortunately one cannot always do as much good as he would like, is an excelent rule which the service tries to follow.

Medical men who remember the by-gone days, when trained nurses were few and far between, will admit most freely that skilled nursing constitutes one of the most important of modern advances in the general treatment of the sick. Systematic observation, exact records, proper technic in performing the manifold details of nursing, vigilant care, sympathy with kindly firmness, have replaced former unskilled, hap-hazard manners and methods to an extent which is as gratifying as it is valuable. It is pleasant to remember that almost from the inception of this hospital there has been included in its work a training school for nurses which has made the care of its patients as satisfactory as anything can be made in this mortal world.

Through the tremendous energy and executive ability of the Superintendent, Dr. Kavanagh, we at last see within reach the completion of the fine buildings which have stood so long in an unfinished and well-nigh useless state. Those of us who remember the great difficulties under which our work was carried on, and the longing glances cast at the empty walls, appreciate more and more the great task which he has performed in obtaining funds for the full utilization of the dormant accommodations of the institution.

The Medical Service has, for its particular work, further aspirations. These, perhaps, can be realized only after all the necessary buildings are in full operation and a sufficient endowment has been secured. For example: We need a salaried pathologist. It is not right to ask a man to spend so much time in routine work which is remunerative to him neither directly nor indirectly, and yet which is of the greatest importance to all services of the Hospital. We need also to pay a small salary to one of the younger professional men to take charge of the increasingly difficult work, technically clerical, of securing, filing and indexing the histories of cases. Furthermore, to be fully equipped we should have hydrotherapeutic and electrotherapeutic outfits, which are of little or no use without two permanent and salaried trained attendants, a man and a woman. These could also give massage and prescribed exercises.

We live in hope and with confident expectation that at some time the way shall be made clear for these further facilities.

#### Josephine 'Hospital.

The Josephine Hospital at Weiser, Ida., has an ideal location with a beautiful lawn and shade trees. Dr. Jos. R. Numbers conducts this Hospital. Dr. Numbers has a finely equipped operating room and ten private bedrooms. Three nurses are in charge, insuring the best of care to every patient. The Josephine Hospital was opened four years ago this Fall, and has met with success each year.

#### Tabitha Hospital Dedication.

Tabitha Hospital, Lincoln, Neb., was dedicated with appropriate ceremonies on Friday, September 4, 1908. This institution is located near the home of the Hon. W. J. Bryan, the Democratic nominee for President. It is the property of the Evangelical Lutheran Church (G. S.) of the United States, but draws its church support chiefly from the States of Nebraska, Kansas, Colorado and Iowa. In addition to the hospital there is here a home for aged people and an orphanage.

The hospital is in a large measure a local enterprise, a large part of the cost of inaugurating it being borne by the citizens of Lincoln and vicinity. The estimated value of the entire institution is approximately \$65,000. It is capable of accommodating easily one hundred patients. The staff includes the ablest physicians and surgeons of the City of Lincoln. The superintendent of nurses, Miss Lydia C. Hutt, is a graduate of the Streator Hospital Training School, Chicago, Ill., and completed her special preparation for her present position at the Wesleyan Hospital, Chicago. She will have an able corps of assistants.

#### Sheppard and Enoch Pratt Hospital

The Sheppard and Enoch Pratt Hospital for Neryous and Mental Diseases, in its report for 1907, calls special attention to the fact that over 43 per cent. of the admissions of insane patients for the year were "voluntary patients." "Nothing can do more to remove from public opinion and professional prejudice the foolish idea that some stigma necessarily attaches to the patient who has been an inmate of a hospital devoted to the care of mental cases" than the fact that patients can and do present themselves voluntarily for treatment as in other hospitals.

This is one of comparatively few institutions of its kind (that are owned by private corporations), where it is possible for free patients or those with limited means, to enter for treatment. Over 12 per cent. of the cases treated were free, and over 33 per cent of the entire days' care given was to patients who paid an average of a trifle over \$3 per week.

The surroundings and equipment seem all that could be desired.

A training school for nurses was organized about two years ago, which provides an excellent two-years' course of training in nursing, with special reference to the nursing of mental and nervous patients. Under special arrangements a limited number of nurses may enter for post-graduate work.

#### Mercy Hospital.

August 26, at 1:30 o'clock, the cornerstone of the large west side addition to Mercy Hospital, Des Moines, Ia., was laid, Father Mulvihill, pastor of St. John's Church, blessing the stone. Many interesting articles were placed in the cornerstone chest. The addition of this wing will almost double the capacity of the institution, which has grown to be one of the largest of its kind in the West.

## In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### Buffalo Notes.

Buffalo has played tag and it proved a most happy and successful game.

The District Nursing Association, of which Miss Mary Lewis and Mrs. Bernard Barton have always been the head and leading spirits, adopted this plan of raising money to carry on their work. Last year the association, through its staff of five nurses, made 8,000 free visits and distributed 25,000 eggs, 32,000 pints of fresh milk, did 2,000 dressings and gave 6,000 baths to Buffalo's sick poor. Probably no charity of the city appeals more to the heart of every man, woman and child. The many amusing and pathetic incidents of the day added much to the interest of the occasion. One little boy brought his penny, saying, "It's all I've got, but if it hadn't been for the district nurse I wouldn't have any mamma." A truckman climbed from his seat and approaching a tag soller said: "I want to buy one of them things. I've got a job now, but last Winter when I had none the district nurse took care of my wife." He deposited fifty cents.

The City Federation of Women's Clubs was asked to assist, and it referred the work to the municipal committee of which Miss Sylveen V. Nye, of the Nurses' Association, is chairman. Miss Nye being a firm believer in the individual effort of organization, immediately formulated a plan to reach the five thousand women comprising the Federation. A list of stations was assigned to the Federation, and Miss Nye appointed chaperons for each station and apportioned the clubs from which they should draw their assistants. This was followed by bulletin letters of instruction to the chaperons, and two public meetings were held at the Iroquois, the first for chaperons only and the second an "inspiration meeting" of helpers. At the latter meeting hundreds of women were in attendance, and as a result the Federation stations were models of business-like methods and uniformity of conduct. In fact, the men's committee that had the general planning of the work expressed so great an approval of the management that several of them announced themselves as converts to women's clubs.

The district nurses are: Mrs. Julia Byron, Miss Carrie Steele, Miss Agnes Odell, Miss Anna Cassidy and Miss Pearl Fish.

The first meeting of the season of the Buffalo Nurses' Association was held Monday, September 6, the new president, Miss Nellie Davis, in the chair. Mrs. Alice Arnold conducted a parliamentary law drill. Mrs. Harriet Dorr Storch, president of the association last year, gave an interesting report of the June convention of Western New York Federation of Women's Literary and Educational Organizations. Dr. Earl Lothrop gave an address on the Emanuel Church movement, speaking in favor of it from a physician's His remarks contained much standpoint. that was instructive and helpful to nurses. Dr. Lothrop handles the subject from a thoroughly scientific standpoint, and we could not help wishing that all nurses who are not already familiar with the subject might know it from his point of view. The programme for the year was presented. Nine applications for membership were received and two sick benefits ordered paid.

#### PROGRAMME.

October—Parliamentary Law, Mrs. Arnold; Paper, Dr. Charles E. Stockton; music in charge of Mrs. Thoms; refreshments. November, Programme to be arranged by Homeopathic nurses. December, Parliamentary Law, Club House Day, Talk on Financial Investment for Nurses. January, 1909, Programme arranged by General Hospital Nurses. Annual Banquet, date to be announced. February, Nursing in Alaska, Miss Clara Carter; Reminiscences by Nurses; refreshments. March, Open Day; Social Service, Dr. Franklin Barrows; Music, Mrs. Thoms; refresh-

ments. April, Programme arranged by Sisters Hospital Nurses. May, History of Florence Nightingale, Dr. Jeanette Oliver-Prescott; Surgical Helps for Private Nurses; music; annual luncheon, date to be announced. June, Silhouettes of Our Members, Miss Cole; election of officers; annual reports.

Miss Clarine De Ceu has resigned her position as superintendent of the Children's Hospital of Buffalo and will go to Washington to enter the nursing department of the naval service.

Miss De Ceu has been an efficient and beloved superintendent and her resignation is regretted on the part of the hospital management. She is a member of the Buffalo Nurses' Association, and the members, while deploring her departure, bespeak for her happiness in her new field of usefulness.

Miss Mary Kennedy is taking an extended pleasure trip to the Pacific Coast.

Miss Catharine Cullinane is the newly elected superintendent of the Buffalo German Hospital. Miss Cullinane is a graduate of the school. The nurses in training and the retiring superintendent, Miss Nestor, evidenced their welcome to Miss Cullinane by giving her a pleasant little surprise party and presenting her with a handsome bracelet.

Miss Louise Loeffler 'nas been elected president of the Alumnæ Association of the Women's Hospital. Other officers are: First vice-president, Miss Margaret Kamerer; second vice-president, Miss Mabelle Hunt; recording secretary, Miss Amanda Harris; corresponding secretary, Mrs. Jennie T. Anderson; treasurer, Miss Mary Swartz; historian, Miss Katherine Dwyer. This association 's small in membership, but makes up in zeal and enthusiasm what it lacks in numbers.

The members are all also members and workers in the Buffalo Nurses' Association. The annual meeting and election was held at the home of Dr. Maud J. Frye, an honorary member.

Mrs. Harriet Lorr Storck is the chairman of the Finance Committee of the Buffalo Nurses' Association. She, with her excellent corps of assistants, has several plans in

view for raising funds for the association, and they will also gladly receive suggestions from other clubs that have been successful in fn's line. Did we hear somebody say that they expected to raise \$5,000 this year? We hope they will, and that the long talked of clushouse will be realized.

Miss Pearl Fish, a graduate of the Corrland, N. Y., Hospital, is one of the newly employed district nurses for Buffalo.

Miss Anna Crotty is the newly elected president of the Sisters' Hospital Alumnæ of Buffalo. Miss Crotty has executive ability, is popular with the nurses, and will bring the association to the front as one of the best in the city.

Miss Genevieve Weeks is spending some time at Atlantic City.

Miss Edith Snyder, who has been nursing in New York City for the past two years, has returned to Buffalo.

Medical inspection of the Buffalo public schools will commence with the beginning of the school year.

The German Hospital of Buffalo celebrated commencement exercises on the evening of August 26. The following programme was presented: Overture, orchestra; address, Hon. Jacob Stern; introduction of graduating class, Dr. Max Breuer; awarding of diplomas, Dr. H. C. Rooth; address to graduates, Dr. C. H. W. Auel; presentation of badges, Win. F. Kasting; selection, orchestra.

The nurses graduated were: Mrs. Etta V. Carter Hubbard, Miss Virginia Rau, Miss Jeanette Mayer, Miss Amy Linnenbank, Miss Catherine Cullinane, Miss Dorothy Claus and Miss Anastasia Kurek.

#### New York State Association.

The New York State Nurses' Association will hold its annual convention at Buffalo, October 20 and 21. The executive committee request that as many as possible will make a special effort to attend.

The headquarters and place of meeting will be at the Genesee Hotel, corner of Main and West Genesee streets. Delegates and members are urged to arrive on Monday, if possible, as registration will open at 9 o'clock sharp, on the first day, and important papers will be read on that morning.

During the sessions papers will be read on Red Cross work by Miss Pindell, Superintendent of New York City Hospital Training School for Nurses; State Registration, by Miss Palmer, editor of the American Journal of Nursing; Work in the Public Schools, by Miss L. L. Rogers, of New York City; Post-Graduate Work, by Miss A. A. Goodrich, of Bellevue Hospital; Social Welfare Work, by Dr. Lucy Bannister, of New York City; Hospital Economics, by Miss Nutting, Director of the Course at Teacher's College; The Nurse as an Educator, by Dr. Franklin W. Barrows, and papers by three other prominent Buffalo physicians. Several other subjects have not yet been assigned.

The Executive Committee is anxious to make this the best convention ever held in this State, and calls upon every nurse, whether she is a member or not, to come and do her share in making it a success.

The Superintendents will hold an informal session at 9 A. M. on Wednesday.

(Signed) MARY D. BURRILL, R. N., Pres. Frida L. Hartman, R. W., Sec.

#### Camp Roosevelt.

The next meeting of Camp Roosevelt will be held on October 7 from 2:30 to 5 o'clock, at 596 Lexington avenue, New York. All Spanish-American war nurses are cordially invited to attend.

Bridge, Five Hundred and Euchre.—For the benefit of Camp Roosevelt, S. A. W. N. of New York City, N. Y., at the Assembly Room, Fort Hamilton U. S. Military Reservation, Fort Hamilton (Brooklyn), N. Y., on October 21, 1908, at 2 o'clock sharp, under the auspices of Miss M. Antoinette Gelston and Mrs. Henry Hunt Ludlow. Tickets 50 cents. Those who desire may remain for dress parade at 5 P. M. Tickets for sale by members, or Miss Anna M. Charlton, No. 596 Lexington avenue, and Miss M. Antoinette Gelston, Shore Road and Third avenue, Fort Hamilton (Brooklyn), N. Y.

Directions to Fort Hamilton, N. Y.—Take New York Subway to Atlantic avenue, Brooklyn, then Fifth avenue and Bay Ridge elevated train to Sixty-fifth street; walk through station and take Third avenue car to Fort Hamilton. Or, take Fifth avenue and Bay Ridge elevated train at Brooklyn Bridge to Sixtyfifth street, and Third avenue car to Fort Hamilton. (About one hour required from Brooklyn Bridge.)

#### Pennsylvania State Association.

The annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held at the College of Physicians, Thirteenth and Locust streets, Philadelphia, October 14, 15 and 16, 1908.

The chief topic for discussion will be the bill providing for the registration of nurses, and a large attendance is hoped for.

The first edition of the "Quarterly" will be ready in October. Subscription price is one dollar a year, ten cents a copy, and payable in advance. Subscriptions to be sent to Mrs. M. I. Moyer, Strafford, Pa.

Members and delegates can secure accommodations at the following hotels: Hotel Walton, Broad and Locust streets, single room, \$1.50 per day and upward; single room, \$3.50 per day, with bath. Hotel Rittenhouse, Twenty-second and Chestnut streets, single room, \$1.50 per day and upward, single room, \$2.00 per day, with bath. Colonnade Hotel, Fifteenth and Chestnut streets, single room, \$1.00 per day and upward; single room, \$2.00 per day, with bath.

#### Philadelphia, Pa.

At the end of the Spring term, 1908, fifteen students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, in the following branches:

In the Swedish system of massage, medical gymnastics, electro and hydro-therapy—Mary T. Morgan, Paterson, N. J., graduate Paterson General Hospital, Paterson, N. J. Sarah Z. Richardson, Greenwood, B. C., graduate Winnipeg General Hospital, Winnipeg, Canada. Marie Louise Scott, Jersey City, N. J., graduate Christ Hospital, Jersey City, N. J. Miriam D. Price, Philadelphia, Pa., West Park Hospital. Elizabeth M. Spratt, Westfield, Mass., graduate Springfield Hospital, Springfield, Mass., and the New York Polyclinic. Elizabeth S. Tyrrel, Philadelphia, Pa., graduate

Women's Homeopathic Hospital, Philadelphia, Pa. Bertha Simon, Grand Forks, N. D., graduate St. Joseph's Hospital, Munich, Germany. Ole Hanson, Copenhagen, Denmark.

In the Swedish system of massage, medical gymnastics and electro-therapy: Mary C. Koetting, Milwaukee, Wis., graduate St. Joseph's Hospital, Milwaukee, Wis.

In the Swedish system of massage and medical gymnastics; Ellen W. Lloyd, Philadelphia, Pa. Susan S. Knapp, Danbury, Conn. Elizabeth A. Hunt, Spotswood, N. J. Paul B. Malick, Ourmiah, Persia, Jewish Hospital, Philadelphia, Pa. John F. Hunt, Spotswood, N. J. William C. Motteram, Philadelphia, Pa.

The Fall term will open in two sections; the first section on October 8, 1908, and the second section on November 18, 1908.



#### Indiana State Association.

The sixth annual convention of the Indiana 'State Nurses' Association was held at Indianapolis, September 8 and 9, with the following interesting programme:

Tuesday, Sept. 8, 10 a. m., Call to order by president.

Invocation, the Rev. Neil McPherson.

Address of welcome, Miss Mennie L. Prange.

Response, Miss Lizzabeth Heffner, Lafay-ette, Ind.

President's address, Miss E. Humphrey. Crawfordsville, Ind.

Reading of minutes.

Secretary and treasurer's reports.

1:30 p. m., Roll call.

Address, "Hygiene," Dr. J. N. Hurty, secretary State Board of Health.

2:45 p. m., "Serum and Vaccine Therapy," Dr. Jewett V. Read, Indianapolis.

3:30 p. m., "Pathological Specimens of Interest to Nurses," Dr. Helen Knabe, acting superintendent State Laboratory of Hygiene.

8 p. m., Reception, City Hospital.

Wednesday, Sept. 9, 8:30 a. m., Executive session.

9 a. m., Call to order.

Report of committees.

Report of delegates of affiliated societies.

Report of delegate to National Alumnae, Mrs. E. G. Fournier, Ft. Wayne.

Report of hospital inspection, Miss L. M. Cox, Elizabethtown, Ind.

Question drawer contest by Miss M. B. Sollers, Lafayette, Ind.

1:30 p. m., Visit laboratory of hygiene, State House.

2:30 p. m., Papers: "Typhoid Fever; General Symptoms and What a Nurse Should Watch for;" "Baths; How to Meet Emergencies;" "Diet During Fever and Convalescence."

Discussion.

4 p. m., Visit Woman's Reformatory.

Executive sessions called at president's discretion.

#### Des Moines Visiting Association.

The above association is now in full operation with one nurse at work. The headquarters of the society being at the Roadside Settlement, South Des Moines. The report of the first two weeks of the new undertaking is as follows: Total number of patients, 10; total number of visits made, 35; total number of recoveries, 5; deaths, 1; referred to county physician, 1; referred to Volunteers of America for free ice, 2; referred to Associated Charities, 2. The officers' report shows a membership of 40 and \$140 in the treasury.

#### Hennepin County Nurses.

The Hennepin County Graduate Nurses' Association, Minneapolis, Minn., held its fourth annual business meeting, Wednesday, September 9, at 1502 Third Avenue South. Twenty-five nurses were present. A most successful year was reported and 156 members.

Miss Edith P. Rommel, R. N., was reelected president. The other officers were chosen as follows: Miss L. Louise Christensen, R. N., first vice-president; Miss Anna McKinney, R. N., second vice-president; Miss Harriet Prime, R. N., secretary; Miss Elizabeth Sprague, R. N., assistant secretary, and Miss Marie Nelson, R. N., treasurer.

Dr. Marion A. Mead, the registrar, reported a very busy year through the registry, 2,224 calls having been received for nurses and 1,194 calls from nurses registering for work, making a total of 3,418 calls, an increase of 366 over last year. The demand was so great that during twenty-nine days no nurses were available.

Besides successfully conducting the business of the organization the society has been



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able to extend its help in broader fields by donating toward a fund for the establishing of a chair in hospital economics at the Teachers' College, Columbia University, by sending a delegate to the national convention at San Francisco, and by contributing to the national convention fund of 1909, which convention will be held in the Twin Cities next June.

#### Aberdeen, South Dakota.

Exercises of especial interest took place September I at the drawing rooms of the Presentation Sisters' Convent, the occasion being the first graduation of a class of nurses from St. Luke's Hospital. Three graduates of the class received their diplomas from General S. H. Jumper after a delightful and interesting programme which was participated course. Miss Falls gracefully accepted the gift.

The parlors of the convent where the exercises were held were tastefully decorated in pink and white. The occasion was in all respects a most enjoyable one for all the guests and marked a new milestone in the progress of St. Luke's Hospital.

#### Oklahoma State Association.

The first annual convention of the nurses of the State of Oklahoma was held at Oklahoma City, September 1.

Miss Rae L. Dessell presided. State registration was advocated for nurses throughout the State as well as stringent examinations and other special requirements of an educational nature. A committee composed of Miss



SUMMER CLASS, 1908, PENNSYLVANIA ORTHOPAEDIC INSTITUTE AND SCHOOL OF MECHANO-THERAPY, PHILADELPHIA, PA.

in by several of the Catholic clergy and the Aberdeen physicians and surgeons. After the programme had been rendered and the diplomas given, ice cream and cake were served and a general social good time was enjoyed.

The members of the graduating class were: Sister Agatha, Sister Ursula and Miss Winnifred Falls.

When General Jumper awarded Miss Falls her diploma he also gave her a check for \$100 as an appreciation from Mother Joseph for the devotion she has shown in her work, which has been entirely without compensation during the time she has been taking her

Elizabeth C. O'Donnell, Miss Mabel Garrison and Miss Martha Randall was named to draw up a State registration bill.

Guthrie, Shawnee and Ardmore were well represented at the meeting. A constitution and by-laws were adopted. An informal reception in the evening brought the gathering to a close.

An executive meeting of the club will be called in October to elect delegates to the State convention to be held at Guthrie, in October, at which time State delegates to the National Nurses' Alumnae convention at St. Paul in June, 1909, will be elected.

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#### Trained Nurse Indian Service.

The United States Civil Service Commission announces an examination on October 14, 1908, to secure eligibles from which to make certification to fill vacancies in the position of trained nurse in the Indian Service as they may occur, at salaries ranging from \$500 to \$720 per annum.

The examination will consist of the subjects mentioned below, weighted as indicated:

	Subjects. Wei	ghts
ī.	Anatomy and physiology	
<b>ż</b> .	Hygiene of the sick room	. 20
3.	General nursing	. 20
4.	Surgical nursing	. 20
	Obstetrical nursing	
6.	Experience in nursing	. 1

Total ..... 100

Male applicants will not be required to take the subject of obstetrical nursing, and the weight of that subject will be divided equally among the remaining subjects except anatomy and physiology.

Time allowed for examination, males 6 hours, females 7 hours.

Each applicant must attach to his or her application a statement showing the number in his or her family and the number that will require accommodations at the Indian school or agency in case the applicant receives appointment.

Age limit, twenty years or over on the date of the examination.

This examination is open to all citizens of the United States who comply with the requirements.

Applicants should at once apply either to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at any place mentioned in the list printed for application Form 1312. No application will be accepted unless properly executed and filed with the Commission at Washington. In applying for this examination the exact title as given at the head of this announcement should be used in the application.

#### Personals.

MALE NURSES.

Dr. Solon W. Merrill, '03, McLean Hospital Training School, has located in New York State.

Mr. Walter J. Otis, '03. McLean Hospital Training School, Boston, Mass., will be among the students reading medicine at the Medical College of Virginia at Richmond, Va.

Mr. Herbert T. Harnor, '03, and Mr. Ronald McDonald, '06 McLean Hospital Training School, will continue their studies in medicine at the University of Pennsylvania this coning session.

Messrs. Robert L. Jones, '04, Charles A. Rose and Robert C. Sutherland, '06 McLean Hospital Training School, will read medicine at the Jefferson Medical College, Philadelphia, Pa. The former will enter the sophomore and the latter the freshman class.

Mr. Frank E. King, '04, McLean Hospital Training School, will interest himself in nursing in Scattle, Wash.

Messrs. Benjamin L. Davis, Roy McCall, '04; Robert D. Gunn, Patrick Tompkins and Iver J. McIver, '07 McLean Hospital Training School, will continue private nursing in Philadelphia, Pa.

Mr. Roderick A. Morrison, '98, is located at West Chester, Pa.

Mr. Alexander Thomson, '99, will return to Baltimore to continue his medical studies.

Miss Edith M. Rice, of Albany, N. Y., has taken a Summer course in domestic science at Columbia University, New York City.

Miss Mary B. Sollers, superintendent of the Home Hospital, Lafayette, Ind., has re signed her position to become superintendent of the Reid Memorial Hospital at Richmona, Ind. The date of her departure has not been set and she will remain until a successor can be secured and acquainted with the work at the Lafayette institution. Miss Sollers's resignation is greatly regretted by the board of managers, as she has made a most capable superintendent.

Miss Maria McDaniels, of New York City, has been appointed surgical nurse at U. B. A. Hospital, Grand Rapids, Mich. Miss McDaniels has had a great deal of experience in Eastern hospitals.

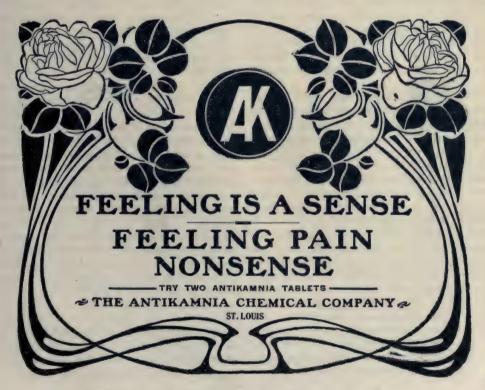
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# The Editor's Letter-box

#### The Question of the Head Nurse.

To the Editor of The Trained Nurse:

The article by Miss Charlotte A. Aikens, in the August and September numbers of the Trained Nurse has been read with much interest.

There are many excellent suggestions and criticisms in the paper, but some of the suggested remedies seem impractical. experience has shown that efficient head nurses, or nurses to take charge of small hospitals, cannot be developed with a six or eight months' post-graduate course. The postgraduate work is excellent for giving the foundation, but the nurse must have the opportunity for putting into practice and perfecting the knowledge gained. After receiving her post-graduate certificate, she still lacks confidence in her ability, and we must give her the opportunity to prove herself. The chief difficulty seems to be that we do not pay our head nurses enough to attract the best women, and we lose much valuable material which might be developed for institutional work.

If head nurses began their work at \$600 per annum and were advanced to \$750 or \$800 per annum, we would not continue to hear that "good head nurses are hard to find." By paying a good salary we would not have so many head nurse vacancies and could select promising material for these positions; then when requests came for nurses for executive positions there would be little difficulty in supplying the demand.

I am taking it for granted that, during the term of service as head nurse, the nurse has become familiar with all the phases of hospital management. Perhaps this would seem like the preparation of the few, but I think it has been proven that only the few are adapted for institutional management, and these few as a rule must have a good education to begin with. One great disadvantage has been found in the lack of ambition on the part of many of the head nurses. Instead of

being alert for opportunities they make little effort beyond what is compulsory.

With the better salaries as suggested, we would attract the ambitious women who are eager to fit themselves for better positions, but cannot afford to give their time at the present salaries.

In regard to the teaching, the nurse must have a good knowledge of the subject to be able to teach. In our classes and general work we ought to exact sufficient from the pupils so they will have a fair knowledge of the subjects taught and the ground covered in all work. Possessing this knowledge, and the teaching ability, why should she not teach? The college or high school graduates, as a rule, begin teaching as soon as they get their diplomas; why not the graduate nurse? It is true that neither the college graduate nor the graduate nurse will do such good work during the first year as they will later, but why should not the graduate nurse get teaching methods from her teacher, just as the college graduate gets her methods from her professors?

Then, too, the nurse has many opportunities of teaching in her ward work. Do not the senior and head nurses give the juniors and probationers a great deal of instruction on the ward? This is teaching, and it is making use of the instruction which they have received in the class room and in their general work. Ability and assurance must come with experience, but a nurse, to be a success as a teacher, must possess a good education, or how can she teach intelligent women? If we cut our classes and lectures giving our nurses the "merest smattering of knowledge," where will we get our teachers? Then, too, the doctors require so much more than they did fifteen or twenty years ago, and must we not prepare our nurses to meet the demands of the physicians and surgeons? Many nurses who in the beginning plan to do only private work, frequently change their minds after a few months or years, and if they have rushed through the course with lit-

## Feeding Neurasthenics

In this class of cases nearly always the digestive powers are below normal. This results in a starving of the tissues and a lack of tone in the nervous system.

To depend on "tonics" to whip up these unfortunates is illogical, because drugs do not supply nourishment.

A food which can be quickly and comfortably appropriated by the weakened organs, and which contains tissue-building and energy-making elements, is in the line of "rational treatment" for these cases.

A specialist in Nervous and Mental Diseases says:-

"No other foods equal grape-nuts and postum in restoring health to the nervously depressed—the so-called 'neurasthenics.'"

Another writes:-

"I shall use the grape-nuts in a case of neurasthenia."

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"I am using grape-nuts on a patient with good results who has eaten scarcely anything for six weeks."

Grape-nuts contains all there is in wheat and barley, including the mineral matters which are so essential to the proper feeding of tissue-cells, especially those of the nervous system.

There is nothing in grape-nuts but the two whole flours, wheat and barley, a little yeast and a "pinch" of salt. The food is, through the long baking of the dough before grinding up into granules, absolutely sterilized.

The conversion of a large amount of the starch into dextrin and grape-sugar affords immediate nourishment, as these **soluble** carbohydrates are quickly absorbed. The remaining starch granules are so broken down by long baking as to be easily handled by the organs, and **encourage some effort** on the part of the organs which tends towards a restoration of normal function.

The neurasthenic is in a condition of **de-nutrition**; grape-nuts supplies the needed nourishment, promptly and efficiently.

Doctor, if you have not yet received a copy of the new morocco-bound "Clinical Record"—the most useful pocket record for the bedside yet published, send your name to the undersigned.

Also ask for a box of samples of grape-nuts and postum, and same will be gladly sent you, prepaid.

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tle real knowledge of the subjects taught, they find themselves very much handicapped in taking up institutional work.

Schools connected with small hospitals where there is not sufficient material to make the third year worth while ought not to have a three years' course unless they make arrangements for special work with some other institution, but there can be little question of the advantage of a three years' course for schools connected with large institutions. The nurse, hospital and community, are alike benefited by the longer course.

The nurse with her additional knowledge and experience gets an assurance which would be lacking at the end of a shorter course. The hospital and community get better service because of the better work of the nurse.

If all nurses were given a good, broad preliminary training, with special work in the third year, and after graduation giving them sufficient remuneration to retain the most desirable women as head nurses, and while in this capacity giving them every opportunity to fit themselves for better positions, would we not solve some of our present difficulties? We hear a great deal of the overtrained nurse, but I have never met one. In nursing as in other work it is the "little knowledge" that is dangerous, and the nurse with the good all-around training will seldom prove an annoyance to the doctor.

Agnes S. Ward, Supt., Metropolitan Hospital Training School, Blackwell's Island, New York City.



#### What Are Conventions For?

To the Editor of The Trained Nurse:

I have been reading the editorial on "What Are Conventions For?" and am rather puzzled to know why nurses who attend these conventions go away unsatisfied. Unfortunately for me, I have been unable to attend any of them for three years, and to say I miss them is putting it mildly. The last one I attended was in Washington, D. C., and the address given to the Associated Alumnae by Miss Nutting was well worth the trip from Pueblo, Col., to Washington, and the expense at one of Washington's best hotels. The "inspiration" from that one woman's brain has been one that will last me through my whole life. And after the greetings of nurses I had not

seen for many years, among them one of my own head nurses, who had been "guide, councillor and friend" while in the training school, and our superintendent whom I had not seen for ten or twelve years, I felt as must an old soldier who had slept on the battlefield side by side with another, at the reunions. I felt joy that I cannot express to the readers of this journal; joy and thankfulness that once again I could hear their voices and see their faces. If those who do not enjoy these conventions could live out on the prairies for four weary years and look at sand dunes and cacti and receive once in a while an Eastern paper five, six or seven days old, perhaps they would cease their comments, and when they attend the next one carry with them greetings from the work they had done, instead of listening to what others have done. It all reminds me of the two old Boston Irishmen who were driving heavy dray wagons and locked wheels. One yelled at the other: "You old fool, why didn't you keep out of my way. The reply was, "Sure, Pat, and there's a pair of us." There is room for every convention and then some more, and if some do not clearly understand what they are for they would better go to the next one, and perhaps in a year or two they will be educated up to the convention standards. heartily admit that it's not the fault of the convention that I cannot grasp it all, but my own, and when a convention entertains a lot of people for three or four days and then that body of people go away and say they do not quite see what such conventions are for, candidly I think the fault is with the one who cannot understand. In Texas we have a small State association and we, at our last meeting, felt the need of being associated with a larger body of nurses, and we met in San Antonio April 22 and decided to send a delegate to California to ask the Associated Alumnae to accept us. We had only a few days to send the delegate, but we sent her, and I am glad to say that the alumnae did not turn us down. We hope to send a delegate to each and every meeting; one who will report to us at our annual meetings, and if she has nothing else to say, she can tell us she had a "good time." I'll give her my money to hear her say it. My lot as a superintendent has not fallen in pleasant places, and I suppose I am foolish enough or doty

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enough to love everybody and everything that I see and hear at these conventions, even the old chestnut of an address by the Mayor is welcome to my ears. I must reiterate that I feel sorry for the local associations who have sent such delegates to a convention and have them return without a sense of fellowship with all conventions, either social or otherwise; in fact, I have so little social association with the outside world that the few functions we attend at these conventions are rather in the sense of a treat, and I for one most thoroughly enjoy them. I hope we will still have them. Who, I ask, wants to hear a dried-up paper on the many problems of nursing that we confront year after year? Not I! If I want a post-graduate course, I'll go to a post-graduate school. I believe in conventions. I believe that "divided we fall," and our own schools believe and sustain our hospital alumnae, and it's only a gathering of many minds; and if every one does not agree with the thought expressed, why, each convention is open to every one, and why should one delegate have any more to say than another? Let each local society send delegates that can be heard, and, like Mrs. Caudle, be heard-and who will be able to "speak up" if they have anything to say. Large bodies of either men or women never really suit the minds of all the people all the time, but suppose some of these people who condemn the social part of a convention have to entertain or provide papers and work out a programme for a large convention, leaving out the social part. Why, those very growlers would go back and report the inhospitality of the committee on entertainment and would, no doubt, say they did not even give us a reception with punch. I am saving my money to go to every one of them that will accept me into their membership, and I am going there to have a good time and see the faces that I love, and if they dance, I'll dance. If it's a swell reception, I put on the best I have and go, and I'll miss some of the faces and voices that I have heard and loved and the sadness will steal over us, and when we leave for our homes we will feel better that we have once again been able to spend a few hours among the "best people on earth-the J. S. C. nurses." Fort Worth, Tex.

Hospital Economic Course.

To the Editor of The Trained Nurse:

I am writing to try to obtain some information in regard to the hospital economics course in Teachers' College, New York. Our alumnae association has been asked to raise money to donate to Teachers' College to endow the course.

I have been told that a nurse who wishes to take that course has to pay something over \$600 for her tuition, board and other expenses. I am also told that after five years of work in trying to carry on that course only about twenty-five nurses who have taken the course are in hospital posi-When you consider that those nurses tions. themselves paid out approximately \$15,000 for their training, that about twenty more who have taken the course and have not obtained hospital positions have paid out approximately \$12,000 and that now nurses are being appealed to for contributions to support a teacher for those nurses, it looks to me like a very poor business proposition for nurses in general. I would like to hear from you or from some other nurses what they think of it as a plain business proposition. Is it worth now, or will it ever be worth to the nursing profession what we are asked to contribute? I believe \$100,000 is the sum asked for. If the nurses who attend the college were not taxed to the extent of \$600 or more a year, making it quite impossible for more than a few nurses with plenty of money to take the course, I would not object to contributing something, or trying to raise money for Teachers' College, but it seems to me the nurses who go there surely pay enough for their tuition. Then why should we support a teacher to relieve a wealthy university of the necessity of paying one?

If it were anything like a mutual benefit association whereby all nurses might get even a small benefit from it, it would be a different matter. Or if the raising of the \$100,000 endowment would lower the tuition fees so that more nurses could take the course I would be glad to help, but I have no reason to believe the raising of this money will lower the cost to nurses. Then why should we give it?

I would also like to hear from other nurses as to the proposition to coerce every



Mrs. R. A. Smith, Seattle, Wash., writes:

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nurse into subscribing for a certain journal by making it impossible for her to belong to her alumnae association unless she does. Now, I already take that journal and enjoy reading it, but I do not want to be compelled to take it or cut loose from our alumnae association. It does seem to me nurses ought to be allowed some freedom as to the journals they will pay for. What do other nurses think about these propositions? As they are soon to come up for discussion in our alumnae meeting, I would be glad of any light on these questions.

#### Nursing in Panama. \*

The following taken from a personal letter will be of special interest to those of our readers who are contemplating service in Panama:

Colon Hospital.

Dear Mrs.

I enjoyed my trip down very much. We were just six days on the water, and I was not sick a day.

The Espersnza is a very nice boat, quite new (this was only its third trip), and there was a nice crowd on board. Most of them were people that were returning from their vacation in the States. We had some very good talent and had quite a fine entertainment one night. There were two nurses besides myself going down for the first time. One was from Philadelphia and the other from Orange, N. J. Both lovely girls and, we were all sent to Colon Hospital. There are about forty nurses

at our hospital and the nurses' quarters are ideal. The work is much lighter than any I have ever had to do, being mostly clerical work. Every ward has trained orderlies and attendants, so that a nurses' duties are chiefly executive.

We work only eight hours, yet it fatigues you as much as twelve hours in the States would. The rainy season has just begun and the way things mould is something awful. The heat is not nearly so intense as in New York or in Iowa, and I am never without a blanket at night. Sometimes use two, even. The nights are so cool. The climate has a very bad effect on people's complexions. one looks so brown and shriveled. Of course I had no complexion to lose, but I'd advise anyone with a fair skin to stay away. Have not seen a mosquito since I came, and there has not been a case of yellow fever since 1006, but no one escapes the malaria. I have felt quite well so far, but I'm sick of canned goods and commissary pie, and I do long for a glass of good fresh milk. But we cannot expect everything in a place like this. It is certainly wonderful what Uncle Sam has done for the Canal Zone. Really most of our cases are surgical, and the death rate is very low. The hospital is built right on the beach, in fact, part of it is built out over the water. Ancon Hospital, on the Pacific Coast, is much larger, accommodating about 1,500. It is built on a hill and the grounds are a veritable paradise. There is very little illness among the nurses, but they do look so old and worn.

#### Society Members' Notice.

If you are a member of any society affiliated with the Associated Alumnæ you will learn something of interest and benefit if you will send for our Alumnæ Association circular. It will be sent upon request.

#### Resolutions.

In sorrow we learn that Mrs. F. Armstrong, nee Alma Cohen, graduate of 1904, died at the City Hospital, Augusta, Ga., August 14, 1908, after a three weeks' illness of typhoid fever.

Mrs. Armstrong is the first graduate of

Park View Sanitarium Training School to oe taken.

Whereas, It has pleased our Heavenly Father to take her from us, be it therefore

Resolved, That we, as an Alumnæ Association, express our deepest sympathy to her family; and be it further

Resolved, That a copy of these resolutions be sent to her family, also spread on the minutes of our association, and sent to The Trained Nurse.

MRS. H. W. JENKINS, MISS ANNA JANOW, MRS. E. C. WESTCOTT, Committee.

# The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

#### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

#### The "Allenburys" Milk Food "No. 2"

Designed for use from three to six months of age, is similar to "No. 1," but contains in addition a small proportion of maltose, dextrine and the soluble phosphates and albuminoids.

#### The "Allenburys" Malted Food "No. 3"

Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

SAMPLE AND CLINICAL REPORTS SENT ON APPLICATION

THE ALLEN @ HANBURYS CO., Limited toronto, can. London, eng. Niagara falls, N. Y.

# A Drink in Fevers

A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

### Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

# New Remedies and Appliances

#### An Ideal Soap.

Packer's Tar Soap is antiseptic, deodorant and soothing. It minimizes the dangers of contagion, destroys all unpleasant odors from perspiration or unhealthy conditions, and leaves the skin clean, soft and flexible.

#### A New Steel Hair Curler.

In the West Electric Hair Curler women will find a simple, easily applied device for curling or waving the hair. It is made of a single piece of unbreakable steel, and will last for many years.

#### For the Nurse's Protection.

If you wash your hands with Glenn's Sulphur Soap and warm water after attending to the needs of your patient it will purify and disinfect the hands as no other soap will do. It's a fine toilet soap and makes the skin smooth and healthful. Don't forget to keep it in your soap box and carry it in your emergency case.

#### Perfect Comfort for Nurses.

Try any Union Suit you please—experiment if you wish. After securing moderate satisfaction you will begin to discriminate. Then get a "Merode" Union Suit. A sigh of relief will escape you after you begin to revel in its comforts. Fit, finish and fabric leave nothing to complain of. The more critical you are the better you will be pleased.

#### Food in Typhoid.

If all food is thoroughly disintegrated before it enters the digestive tract, there need be but little fear of mechanically irritating the ulcerated surface. Far more danger may occur through malnutrition of the intestinal wall, which prevents absorption of nutriment. An accumulation of undigested food in the intestines is, therefore, highly undesirable, and where Bovinine is employed an examination of the stool will show no undigested curds or food matter.

#### They All Send Again.

Messrs. Ogden & Shimer, Middletown, N. Y. Inclosed you will find 25 cents in stamps, for which please send me a jar of your Mystic Cream. I used the sample you sent me, and found it agreed with my skin better than anything I had ever tried before. Please favor me by sending as soon as possible, and oblige

MRS. J. R. THRASHER, Jacksonville, Fla.

#### Baker's-Used Everywhere.

A good housekeeper says: "All the early years of my life were spent in the tropics of India; and in the many English and American homes with which I was familiar Baker's Cocoa was almost universally used. Since coming to this country I 'nave experimented with other makes, but have put them all aside for Baker's, which seems so much more acceptable."

#### Praised the World Over.

Permit me to thank you for samples of ointment and soap and to say that during my twenty-four years of practice I have never found a preparaton to excel Resinol; in fact, it is the best and most efficient remedy that has come to my knowledge for skin diseases and especially for eczema. I s'nall always prescribe it.

DR. J. GIL CARDENAS,

Callao, Peru.

#### Anemia Splenica.

In anemia splenica the blood changes are of the chloro-anemic type. There is marked chronicity extending over many years, with a greatly enlarged spleen. There is a leuchemia, with greatly reduced amounts of hemoglobin. Hemorrhages usually occur in the stomach on account of the close anatomical relationship of the stomach and engorged spleen. Pepto-Mangan (Gude) increases the amount of hemoglobin and builds rich new blood, repairs all waste from hemorrhagia. Tests by the use of the hemocytometer and clinic observation prove the efficacy of this preparation.

# The Dangers of Cow's Milk

HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

# Nestlé's Food

does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composition, as closely as possible. The milk supplied to the Nestle Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestle's Food, we will be glad to send to any physician.

HENRI NESTLÉ, 72 Warren St., New York.

### FALL CLASSES IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN
Swedish Movements, Medical and Orthopaedic Gymnastics
Term: 3 Months . . . . . . Tuition Fee, \$75.00

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No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from
the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system.
All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made
to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application
for admission is advisable.

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HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).
LILLIE H. MARSHALL (Pennsylvania Orthopædic EDITH W. KNIGHT Institute).
MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopædic Institute).
WM. H. MONTGOMERY (Penna. Orthop. Inst.)

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#### Horsford's Acid Phosphate.

Gently quieting to the nervous system.

Dr. D. G. OVERAND, Springfield, Mass. Very beneficial to strengthen the intellect.

Dr. D. P. McClure, Rantoul, Ill. Decidedly beneficial in nervous exhaustion.

Dr. A. N. Krout, Van Wert, O.

Have prescribed it for nervous irritability with marked results.

Dr. B. B. GROVER, Rushford, N. Y.

#### +

#### With Great Benefit.

I have employed the artificial Nauheim Baths (Triton Salts) in heart disease, rheumatism, oliguria and in other conditions with great benefit.

I considered the matter of such importance that I incorporated a special chapter on the artificial Nauheim Baths in my manual entitled "Enteroclysis, Hypodermoclysis and Infusion." ROBERT COLEMAN KEMP, M. D.

#### A Breast Pump for 25 Cents.

The Churchill Drug Co., of Cedar Rapids, Iowa, has extended until November 1st their offer to supply to the readers of this journal one only Hoover Breast Pump, which retails at \$1.00, for 25 cents, which is just sufficient to cover packing and postage. This offer is made so that nurses ordering breast pumps in the future for their patients will be informed as to their perfection of operation. The details of the offer will be found in the advertising columns.

Write now, and mention this journal.

### Burn by Naphtha Explosion.

"Mr. R. H. Frainey was severely burned by an explosion of naphtha in April, 1895, and brought to St. Barnabas' Hospital. The wounds were cleansed of their previous dressing and caustic was used around the edges and Unguentine applied. After using Unguentine for two weeks the patient was enabled to leave his bed and walk about the ward, and in seventeen days to leave the hospital. After leaving he came daily to the clinic to have 'nis wounds dressed for about a month, when the wounds were entirely healed. Unguentine is used daily in all of the wards of St. Barnabas' Hospital, Newark, in other cases than burns."

#### Oral Therapeutics.

An eminent New York dentist who has made a particular study of this matter says: "An antiseptic for dental use must be alkaline; the slightest infinitesimal shadow of an acid is dangerous to the teeth." The secretions of the mouth in normal conditions are alkaline. In diseased conditions they become acid; hence the necessity for an alkaline antiseptic to counteract the acidity and establish a normal condition. Therefore use Glyco-Thymoline; it is distinctly alkaline. The best dentists recommend it,

#### +

#### Always Reliable.

Case 4. Miss ——, aged eighteen, had always been regular in menstruating. Could get no history of any previous disorder within patient's knowledge. Contracted a heavy cold about time of menstrual epoch, and was much alarmed by non-appearance of flow. Disconfort was not marked. Ergoapiol (Smith), one capsule three times a day, was prescribed. Reported later that flow was established within twenty-four hours after treatment was commenced. The delay in this case was about four days.

JAMES A. BLACK, M. D., Morganza, Pa.

#### A Valuable Therapeutic Agent.

One of the principal subjective symptoms of any disease, or disturbance of nature, is pain, and what the patients most often apply to us for is the relief of this annoying and troublesome feature. If we can arrest this promptly they are much more liable to trust us for the remedies which will effect a permanent cure. The tablets of antikamnia and codeine I consider the best and most useful in controlling severe pain.—C. P. Robbins, M. D., Louisville, Ky., Assistant to the Chair of Obstetrics and Gynecology and Chief of Clinic, Hospital College of Medicine, in Medical Progress.

#### Comparison Invited.

All diabetics and dyspeptics should be sure to most thoroughly masticate their food, as the action of the saliva is a very important factor in the digestion of starch as well as other food.

Pure gluten or any product closely approaching it will make gum, not bread, and

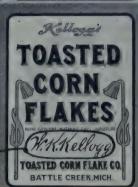


Kelloggi

## TOASTED CORN FLAKES

The package of the genuine bears this signatur

W. K. Kellogg
Toasted Corn Flake Co., Battle Creek, Mich.
Canadian Trade Supplied by the Battle Creek Toasted Corn Flake Co., L'td., London, Ontario.



it must be dried and ground and mixed with flour or something else to be eaten at all satisfactorily. Washed gluten can be obtained in quantities and mixed to suit the fancy of the experimenter. But we are always glad to have any such product come into competition with our "Cresco Flour" or "Special Dietetic Food," either as to palatable quality or results.

FARWELL & RHINES.

#### Oxolint-Try It.

A new product of flax, to which the name "Oxolint" has been given, is being manufactured by the Oxford Linen Mills at North Brookfield, Mass. It is a pure linen absorbent of remarkable qualities, and seems in a way to become popular with physicians, surgeons and nurses as a perfect dressing. Samples of it show a beautifully white, soft and downy article highly absorptive and with a springiness that prevents it settling into a soggy mass when saturated. This lightness and its exceptional freedom from adhesive particles recommend its use in the treatment of various kinds of wounds, ulcers, etc.

#### A Food Well Retained.

As it is frequently a difficult task to select a food that is well retained and properly assimilated in cases of cholera infantum, dysentery, diarrhoea and such diseases, we take pleasure in directing attention to Horlick's Malted Milk as a food that has given much satisfaction for many years in these cases. In the manufacture of Horlick's Malted Milk the nourishment of pure milk is thoroughly blended with the soluble, nutritive extracts of malted grain. The casein of the milk is so modified as to form fine, soft curds in the stomach, easily assimilated, while the cereal portion of the food is ready for immediate assimilation. It affords the most agreeable and digestible form in which milk can be used as the chief diet in intestinal diseases.

#### From a French Specialist.

The well-known French nerve specialist, Dr. Le Mord, says:

"I have at last found an ideal nervine, and I make this assertion because I found after a six months' test that its effects conform more nearly to nature than any other that has come under my observation. It is Daniel's Concentrated Tincture Passiflora, and is prepared

from the Passion Plant, which is indigenous to the southern section of the United States. This plant is superlatively sedative in character, and the concentrated tincture constitutes, in my opinion, the most desirable nervine and narcotic at the practitioner's command. I find it most successful in the treatment of such diseases as hysteria, insomnia and neuralgia, as well as in those affections peculiar to women."

#### Did You Know This?

Every trained nurse will be interested in the following statement of one of the bestknown members of the profession: "For the good of the patient, could I have my choice, I would have every one on a Gorham Invalid Bed. No one can appreciate the benefits until tried."

The numerous uses of this bed for hospital and institution purposes indeed render it practically indispensable to the comfort of patient, nurse and physician.

This bed allows the patient to assume sitting or partly standing positions, while preserving an unbroken bed line, and, except in cases where neither thigh can be flexed, all patients are placed in a comfortable sitting position on a normal closet seat for all evacuations, douches, etc., or at a table for eating, reading, etc.

#### Mechano-Therapy.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, was established in 1895. Besides the treatment of patients by the various forms of Mechano-Therapy, a training school is connected with the institution for the scientific application of the Swedish system (Ling) of massage, medical, educational and corrective gymnastics, electricity and hydro-therapy. Thorough practical and theoretical courses of three months' duration are given to male and female students in separate classes. Lectures on anatomy, physiology and pathology are included in the course of instruction. In the year 1907 we gave 7,844 mechanical treatments, which is evidence of the ample practical experience our students get. Graduates are recommended to physicians, hospitals and sanitariums for private work and institutional positions. Further particulars may be obtained by addressing the superintendent. MAX J. WALTER, Supt.

# Junket

Makes an ideal food for invalids and healthy people of all ages. The tablets are indispensable in the preparation of whey, modified or humanized milk for the baby. Children cry for Junket pudding, invalids, dyspeptics and convalescents enjoy it, and Junket is the comfort of old age. Milk is the only perfect food, and Junket is the best form in which to take it.

One Junket tablet to a quart of milk.

10 Junket Tablets, in a package.....10c
100 Junket Tablets, in a package.....75c
At all grocers and druggists.

Write us for a copy of the pamphlet entitled "Junket in Dietetics." We send it free to any nurse,

CHR. HANSEN'S LABORATORY
Box 1706 Little Falls, N. Y.

# The Nauheim Baths are given by means of the

# TRITON Bath Salts

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

THE TRITON COMPANY

Schieffelin & Co.

NEW YORK

Sole Licensees and Sole Agents

## GASTRIC INSUFFICIENCY

is a constant symptom of falling vitality.

The potent influence of

# Gray's Glycerine Tonic Comp.

In rapidly restoring the digestive function well indicates its remarkable capacity for increasing general bodily vigor.

Thousands of earnest capable physicians know and appreciate the reconstructive properties of this effective tonic.

THE PURDUE FREDERICK COMPANY
298 BROADWAY, NEW YORK

#### Chr. Hansen's Junket Tablets.

As stated in a previous issue, we do not pretend to be an authority on dietetics in general, but we do know something about the value of Junket as a nealth food for invalids and children. Information on this subject is carefully set forth in a little booklet, "Junket in Dietetics," which we will be pleased to mail, together with samples of Junket Tablets, to any one asking for them. The use of Junket is not restricted to the sick. The addition of fruit, flavoring and sweetening to plain Junket produces delicious desserts for daily table use, and ice cream made with Junketed milk is as smooth as French cream, and much more easily digested.-Chr. Hansen's Laboratory, Little Falls, N. Y.

#### Old, Sure, Safe.

In an address delivered April 26, 1905, before the Danbury Medical Society, on "The Practical Value of Old Remedies," John V. Shoemaker, M. D., LL. D., of the Medico-Chirurgical College, Philadelphia, Pa., spoke of Hamamelis in the following terms:

"Hamamelis Virginica, an excellent old-time remedy, has a well-defined range of usefulness within which it is without a rival. Externally and internally it is sedative and astringent. It is used as lotion and ointment in many diseases and injuries of the skin, in leg-ulcer and varicose veins. It is serviceable in acute and chronic diarrhoea, internal hemorrhages, bronchorrhea, epistaxis (nose bleed) and varicose ulcers, etc."

This statement is well borne out in general clinical experience, provided a uniform and pure product like Pond's Extract be employed.

#### Lactated Infant Food.

Almost twenty-five years have passed since the Wells & Richardson Co. began the manufacture of Lactated Infant Food. That the demand should increase the past year over former years, and during the time when Pure Food agitation has been so strenuous, is due to the purity and merits of the Food. Lactated Infant Food has stood the test of time and the rigid investigations that have recently been made in all food products. During the past year the Wells & Richardson Co. have received more endorsements from physicians who have ordered Lactated Infant Food on prescriptions than ever before in the history

of the Food. They now have upon file in Burlington endorsements amounting to many thousands from physicians covering the entire period of its manufacture from 1884 to the present date.

#### +

#### A Mistake to Wear Soft Shoes.

Many nurses commence wearing soft shoes for various troubles—then find they can't stand a leather shoe.

Soft shoes make the feet extremely tender and unshapely, give no support to the arch of the foot, and practically defeat the purpose for which they are intended.

To be foot easy it is not necessary to wear slovenly shoes. Your shoe should bend instantly with the foot, but at the same time it should support it and preserve its natural shape.

The Red Cross Shoe does both. Its sole is flexible, gives entire freedom—the snoe fits like a glove. Your feet feel right, look right.

Every nurse should know how satisfactory every wearer finds it. Try on a pair at your dealer's. Read what women say of it in the new style book just issued by the makers, Krohn, Fechheimer & Company, 537-557 Dandridge street, Cincinnati.

#### +

#### Germicidal Power of Lysol.

The germicidal power of Lysol is as follows: Staphylococcus Pyogenes Aureus: Growth diniminishes after two minutes' exposure in a solution of 0.25 per cent; growth destroyed or arrested after fifteen minutes' exposure in a solution of 0.30 per cent; growth destroyed after five minutes' exposure in a 1-per-cent solution.

Streptococcus: Growth destroyed or arrested after fifteen minutes' exposure in half-percent solution.

Laboratory tests for demonstrating germicidal power and use in clinical work involve very different conditions. In laboratory tests the actual destruction of the bacteria by the solution unaided is necessary. In clinical work the process involves both destruction and removal of these growths. Therefore an agent, to be effective, must possess the power not only of destroying, but of loosening and removing the bacteria from the surface or structures to which they adhere. Lysol possesses this particular power.

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#### A Clean, White, Healthy Scalp

is absolutely essential to the growth and beauty of the hair.

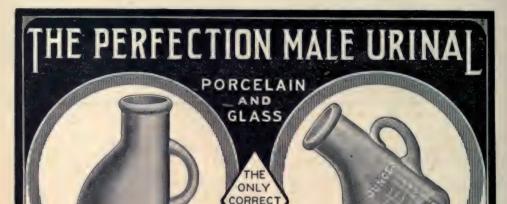
### Packer's Tar Soap

used systematically as a shampoo is a reliable means of restoring and maintaining normal conditions of the scalp structures.

For thirty-five years it has been endorsed and rec-

FORMITY-nee years it may been changed a harder commended by the medical profession as the standard soap for the hygienic care of the hair and skin.

Our little booklet on "The Value of Systematic Shampooing," with a sample cake of soap, will be sent to nurses who will mention this journal. THE PACKER MFG. CO., New York



SHAPE

The "Stand on End" Principle.

Position in Actual Use

The "Perfection" is so shaped and constructed that it does not spill, thereby saving much work and annovance for the nurse.

It will not upset, because it is made on the common-sense principle of standing firmly on end, on its broad, flat base,

It has a full quart capacity in actual use, almost double that of the ordinary urinal.

#### SAVES THE LINEN.

The use of the "Perfection" Male Urinal in conjunction with the "Perfection' Bed Pan, prevents wetting of the linen, and makes it possible to keep the bedding clean, stainless and neat.

This is an important feature and saves much unnecessary work for the nurse. As you will note in the illustration, the Urinal rests in the rear end of the Bed

Pan, but does not drop down far enough to touch its contents. Glass, Plain Not Graduated \$1.00 | Porcelain
Glass, Graduated \$1.25 | White Enameled Steel
SENT BY EXPRESS, PREPAID EAST OF THE MISSISSIPPI, UPON RECEIPT OF PRICE. \$1.25

OUR SPECIALITIES ARE SOLD BY ALL LEADING DEALERS
WE SUPPLY HOSPITALS AT WHOLESALE PRICES



MEINECKE & COMPANY 48-50 PARK PLACE, NEW YORK

# The Trained Aurse and Hospital Review

VOL. XLI.

NEW YORK, NOVEMBER, 1908.

No. 5

### Aurses in Social Service Work\*

IDA M. CANNON.

Head Worker, Social Service Department, Massachusetts General Hospital.

T T may be interesting, before taking up the subject of social service work in the particular form we are to consider it, to mention various other expressions of the idea that have existed previously. There have been in many hospitals groups of women who have volunteered their services to visit patients in the ward and interest themselves in cases of need that are brought to their notice. The experience of bodily suffering is so universal that it always has been easy to interest people in institutions and agencies that existed for the sake of alleviating such suffering. Until recently these friendly offices were in the hands of volunteers who gave more or less of their time to visiting the patients and doing what they were able to make their condition more comfortable.

Several years ago, one of the physicians at Johns Hopkins Hospital, who had a social sense, and was interested in the proper training of the medical students, desired to make it possible for them to know more about the home life of the patients they were dealing with, so that they might treat them more intelligently. About seven years ago a corps of students were grouped under the direction of one of the agents of the

Society for Organizing Charity. They acted as friendly visitors to needy families and the mutual helpfulness has been most satisfactory.

It was left to your president, Dr. Richard C. Cabot, to see with prophetic vision the possibility of making the hospital treatment effective by establishing a department of social service to supplement the physician's efforts in the busy clinic.

In the days of smaller community life, when each patient had his family doctor, who was guide, philosopher and friend, there was no need for such supplementary effort; but in the city community thousands of patients, who are combating not only disease, but poverty and ignorance, come to the big clinics for medical care. The limited number of minutes allowed each patient makes it impossible to any more than diagnose the physical disease and hurriedly prescribe a treatment.

In October, 1905, the Massachusetts General Hospital permitted Dr. Cabot to secure the services of a trained nurse (who had had some experience in social work) to investigate home conditions and to follow up the patients to see that the prescribed treatment was carried out.

<sup>\*</sup>Read at the seventh semi-annual meeting of the New England Association for the Education of Nurses. Contributed to The Trained Nurse.

Beginning with one paid worker, the social service department has increased until now there are seven paid workers and fifteen volunteers. Two of the paid workers and one volunteer are trained nurses. The work is carried on chiefly in the out-patient department. During the morning clinic, lasting from 8:30 to I P. M., the social service department is ready to receive any patients referred to it by the physicians in the various clinics. The patients are usually sent with some special recommendation from the physician, such as, "hygiene advice," "convalescent home," "see home conditions," or "needs a brace-cannot pay." Often the patient is referred with a recommendation for "advice," which may mean anything from care in a sanatorium to teaching them how to keep accounts.

To avoid unnecessary duplication and to most effectively use the rich resources of the community, it is imperative that the social worker should know thoroughly the agencies that exist for the use of all kinds of needs. I like to think of the social service department as the link between the person with a special need and the agency best fitted to deal with him.

Among these agencies are the state and city institutions, private hospitals and sanatoria, convalescent homes, visiting nursing associations, associated charities and relief societies, children's agencies, temporary and permanent homes, fraternal organizations, settlements, churches and all the other beneficent groups, as well as relatives, friends and private individuals. The fact that 45 per cents of the 400 to 600 patients who come to the out-patient department of the Massachusetts General Hospital daily come from outside of Boston has made it necessary for us to be familiar also with the resources of the suburbs. This is not only for the object of making use of them for the patients, but also to make it possible to throw back to the suburbs their own responsibilities in caring for their own.

Aside from the general work of the department, such as referring to other agencies, arranging for hospital care or the planning with them for payment for braces and apparatus, there are four main division of the work:

I. Tuberculosis. All cases of tuberculosis that come to the dispensary are referred to us for proper disposition. The incipient cases we send, if possible, to the State or private sanatoria. In every instance where a patient comes from a city that has an anti-tuberculosis association, that association is notified and in many cases the disposition of the patient is referred entirely to them. The fact that the majority of patients cannot be admitted to institutions and need home treatment has given rise to a demand for class care. There are under the care of the social service department two suburban tuberculosis classes, consisting of twenty patients each. These classes meet weekly at the hospital and see the physicians in charge. The patients keep daily records of their pulse, temperature, the amount of food taken and time out of doors. They are visited at least once a week in their homes, where careful instruction is given in home hygiene, and the other members of the family taught how to protect themselves. Under the worker in this department are several volunteers, who become interested in individual families. Through the friendship that arises they are often able to be a great force in reorganizing the family hygienically and in stimulating the patient to carry out the routine treatment which might otherwise become tedious.

The problems that have arisen in the tuberculosis campaign are now recognized as largely social and they form what Dr. Cabot calls the entering wedge for social work into the medical field. I believe it is because of our experience with this disease that we are now seeing the many opportunities for social work in connection with medical agencies.

2. Hygiene. There has been from the first considerable individual instruction in hygiene, aside from that with tuberculosis cases. Since the beginning of the work a trained nurse has volunteered two mornings a week for special hygiene instruction. Very often in the course of the interview facts are brought out that have much bearing on the physical condition, but which the doctor has not had time to ascertain. For example, a girl being treated for insomnia was found to be sleeping in the same bed with three others, but had neglected to say anything of it to the doctor. By a simple readjustment proper sleeping facilities were provided.

Cases of tuberculosis or of marked anæmia found to be working in factories or tailor shops are reported to the State Board of Health.

3. Cases referred from the Neurological Department. Dr. Cabot and Dr. James Putman feel, I believe, that there is probably no class of patients that suffer so much and receive so little attention from the medical profession as the psycho-neurotics. Many of these patients—if their environment can be studied by a sympathetic person trained to understand them and to explain away many difficulties—can be treated successfully in a dispensary. Two trained workers under the supervision of the physicians see these patients in their homes, have long talks with them and try to make

them more susceptible to the physician's treatment. For a few selected patients an occupation class in 'clay modelling meets twice a week. In several cases the interest that has been aroused has been the most helpful element in their treatment.

Frequently a defective child or epileptic is referred to us and we must direct the parents concerning their care. Sometimes it is to arrange for their admission to an institution or a special class in the public schools. Sometimes to adjust the home conditions. Several stammering children were called to our attention the first part of the year, and an enthusiastic teacher of those so afflicted offered to start a class for us. As a preliminary action the homes were visited, but it soon was very evident that stammering was more than a speech defect. It is largely a question of hygiene, food and occupation, which needs readjustment before much can be done to rectify the difficulty of speech.

4. Sex problems. Probably every one of us who has had experience in hospitals or dispensaries is familiar with the pitiful plight of the unmarried pregnant and diseased girl. The failure on the part of the hospital to assume any responsibility in these cases Dr. Cabot likens to the physician who, because he is not a surgeon, turns away the child with the toy pistol wound in his hand. Since last October we have had in the corps a woman who has tackled this problem with a spirit of kindly understanding. Every effort is made to make the girl's surroundings as normal as possible, to reconcile her and her family to the situation, and to keep the mother and child together.

The work in the wards is a very small part of the department's activities. The

friendly offices have long been in the hands of a corps of lady visitors.

Aside from the regular work, several researches are being carried on as to the social significance of certain diseases. The relation of occupation to tuberculosis, the ineffectiveness of much of the treatment of varicose ulcers and the condition of ex-sanatorium patients are some of the subjects now being studied.

The work at the Massachusetts General Hospital is now nearly three years old. It has been the stimulus for establishing similar work in connection with many hospitals in New York, as well as Chicago, Baltimore and Philadelphia. It has passed the stage of experimentation—has proven itself not the dream of a sentimentalist, but a practical and valuable adjunct of hospital service.

It appeals to me as truly extension medical work, as medical work seen in its biggest aspects and larger bearings. Through such work as this I believe the hospital will some day take its place as the great social factor that it is.

Now comes the question of who shall do this medico-social work. Are our training schools preparing nurses to meet the demand for the many positions as social workers where they can be most valuable? I think not. Nurses are trained for bedside work. They are not taught to see their cases as individuals who are members of families and com-

munities, nor do they know the great resources with which almost every city is richly supplied. It seems to me very possible that our training schools could teach their nurses something of the bearing of the hospital work on the great campaign for public health and teach them to know their patient not as merely a case, but as part of the great interesting humanity that we are to serve.

Might it not be possible that some training school could offer an elective for the third year, that those nurses who feel inclined to take up social work may have an opportunity for special preparation? It is true that most of the nurses in social work have taken it after some years of experience. This, of course, makes them more valuable, but I believe that if we could offer such a course it would call into the profession more desirable women.

In the various schools for social workers there is, of course, the best opportunity to gain a big point of view and a knowledge of social work that cannot be secured elsewhere. The fact remains that here is a great field of work opening before us. Are we going to grasp our opportunities, and with the courage of Florence Nightingale see new ideals for our profession, and welcome every new branch of medical work as our birthright, for which we must carry our share of responsibility?

#### Married.

At Fort Worth, Texas, September 21, at 5 P. M., by the Rev. J. W. Caldwell, Forrest M. Beaty, of Austin, Texas, to Jennie S. Cottle, of the College Hospital, Fort Worth, Texas. Mr. and Mrs. Beaty will live at The Cordova, Fort Worth.

#### State Nurses' Association of Missouri.

The third annual meeting of the State Nurses' Association was held in Kansas City, October 14 and 16. The sessions were held in the Grand Ave. Methodist Episcopal Church. The headquarters was Densmore Hotel. The principal business was State registration for nurses.

### Improvement of Training Schools in Psychopathic Hospitals

CHARLOTTE MANDEVILLE PERRY, R. N.

OF the history of psychopathic hospitals and psychiatry in general, it may be said that late years have witnessed a period of reconstruction. It was in hospitals devoted to the care of mental sickness that reform first started in this country, through the endeavors of such a person as Dorothea L. Dix. the leader in reform. And in no other hospitals will the marked changes wrought and the advance in scientific research show more clearly. Psychotherapy is keeping pace with the interest manifested in relation to such germ diseases as tuberculosis, and promises to be the leading subject for investigation in the future. It is natural that it should be thus. The nervous system is the chief source of power in the human economy. A sound mind in a sound body constitutes the definition of health. And the fact that this increasing disease afflicts all classes, rendering the victim unfit for society and unsafe to himself and others, makes it evident that we should give such patients of our best. On the principle of noblesse oblige the strong should support the weak, and should look upon the really helpless ones committed to our care as the most sacred trust.

Upon closer examination into the condition of such sickness on the part of those who are not well acquainted with it, the need of trained care by nurses of refinement and education will be emphasized. Although in the past it was not understood, and there is still much to be discovered, we have a disease with

the causes and symptoms clearly outlined. Preventive treatment has been practised for all stages of nervous and mental illness, from simple neurasthenia to the well defined symptoms of melancholia, mania and dementia. There are men like Dr. S. Weir Mitchell and Dr. Edward Cowles who have given their lives to the study and treatment of this class of patients, the latter taking a large part in the founding of training schools in this country, in both general and special hospitals. It is undoubtedly true that recent progress in nursing matters has indirectly spurred on the efforts for improvement in the hospitals for the nervous and insane. But the eddying wave has not been so widely felt as might be desired. In many of the hospitals no training schools exist, and the class of women who care for the sick therein might "grate on the nerves" of any well-bred person. Not that the motive with which many of these nurses take up the work is not appreciated. The risks run, the nature of many of the duties, and the loneliness of the life are not likely to appeal to the ambitious young woman, whose aim is to get the most out of life. There is this aspect to this kind of nursing, and the high motive is to be recognized and commended wherever it is found.

On the other hand, from the very nature of the disease, patients' sensibilities to their surroundings are abnormally acute. Suspicion adds to the suffering. Both savor of selfishness, which is a repulsive quality, and it takes a per-

son of refinement and education to detect, the cause, and to bear in mind continually the irresponsibility of the patient. We need, ethically and educationally, for this work a superior type of woman. The way to secure the same is to place these training schools on a good basis. There is more time for study in such schools, and they are eligible for alliance with the general hospital training schools in a way that no other special school can be, for the reason that the subjects for theoretical teaching can be made identical and take the place of preliminary courses. It is a sad fact that in the general hospital schools much dissatisfaction is experienced, chiefly from the lack of time to be allotted to study. Starting out with a fine curriculum, at the end of the school year net results are frequently disappointing. One reason is the small amount of money devoted to education in hospitals for lecture room facilities, paid instructors and a sufficient number of executives. There should be also a large enough number of nurses in training to arrange for class work and individual study. Probably nurses would study better and have greater interest in their opportunities if they were not worked too hard. However that may be, all these evils furnish a serious hindrance to good training-school methods. To attract the kind of women desired in psychopathic hospitals, more must be offered them of what is said to take the place of remuneration for services rendered. We must appeal to the qualities in woman which are needed for this special nursing from the point of education and of humanity. So long as true womanhood exists it will respond to such an appeal, and the sick and suffering will be ministered to by the intelligent mind and the tender hand. Changed social conditions, variety in avocation offered to women in these days, and perhaps a lowering of the high motive of former days in those applying for entrance to the training schools, threaten to cast nursing in the shade, or to make it less attractive to the young women starting out in life. We like to think that the demand of the age stands behind the improvement in training schools. The surgical hospital has its attractions, and fits in better with the activities of modern life. It is the lack of restraint, the prodigal giving forth of our energies, that is so frequently the cause of mental and nervous breakdown. Are not the hospitals largely responsible for this state of health in young women who come to us well and strong, bright and active, and with as high a motive as we could expect from youth with life before it? If working hours are too long and study hours too short, there will necessarily follow the overstraining of the nurse's strength and the defrauding her of her rightful share of recompense-instruction in the affairs of her profession. Apprenticeship must not only be occupied with the technical and the manual, but with the subject matter for study.

In organizing training schools in hospitals for the nervous and insane, the best models should be followed. Affiliation with the general hospital schools will give the graduate from both an allaround training. There will be more to offer desirable candidates, while the better classification of patients, nurses and help will add to the advantages for those who take up nursing with the high aim of bringing relief to the sufferer, of rescuing some from a sickness, it may be, worse than death.

### Making a Small Hospital Pay

CHARLOTTE A. AIKENS.

T has been asserted again and again that no hospital can ever hope to be self-supporting; that making a hospital pay is an impossible proposition. When hospital deficits are the rule and not the exception, year after year, and this in spite of liberal bequests and annual contributions, it might seem as if the idea of making any hospital pay was well nigh, if not quite, an impossibility. But, here and there, in different parts of the country, there are found hospitals that are not only paying the cost of maintenance, meeting the monthly bills promptly as they come in, but yielding a surplus month by month that goes toward enlargement and improvement. Most of these hospitals are hospitals of less than sixty beds.

To reach the desirable position of self support requires a close study of the conditions that make for success in that direction. The problem would need to be handled differently if the small hospital were located in a large city, where there were numerous large, imposing and well equipped institutions that apparently were ample for the needs, than if it was the only hospital in a community and practically without competition. small hospital that expects to attain to self-support in a large city must have some distinguishing mark of its own. There must be something that will differentiate it from the larger hospitals besides its size and location. Its aims must be different and likewise its spirit. Unless a small hospital can do its work differently from the larger hospitals there are many who will reasonably question its right to existence in the large cities.

The chief distinctive mark between the successful small hospital and the large one is in the atmosphere of the place. In the small hospitals the patients are dealt with in a more personal way. The atmosphere is more like that of a well-ordered home than of a public institution. Rules and regulations there must be in the smallest hospital, but mechanicalism in hospital service must never be allowed to develop.

The superintendent of the small hospital that hopes to pay its way must be a person embodying the very highest qualifications. As a rule, the superintendents of such hospitals are women. Few small hospitals are in a position to pay more than one capable executive officer at the start, and a woman they must have to take charge of the nursing. It makes little difference whether the superintendent of such a hospital was trained in a large or a small institution. Strong, capable hospital women are liable to develop in any sized institution. It is not so much the technical training in nursing that counts, as the character and make-up of the woman. She must have a good fund of practical common sense and tact, and must patiently work out the problems for that particular institution in an original way. She cannot expect to make the plans of another institution fit it. She must be the real leader of the enterprise and her spirit must pervade every part of the establishment.

The personnel of the whole working force of the hospital must be of high grade. Unless the small hospital can command the service of physicians equal in skill to those connected with the large institution, it can hardly hope to attract

to itself a sufficient number of good paying patients to make self-support possible.

It is doubtful whether a successful small hospital can be developed without a training school for nurses. This is not simply because the training school has proven the most economical way of getting the nursing done, but because it is impossible to create the desired atmosphere in the place if a number of graduates of different schools are employed. Each graduate nurse comes with habits pretty firmly fixed, each with her hospital traditions and ideas of service. Real harmony of spirit among nurses is out of the question under those conditions, and the home atmosphere that must be the chief attraction of the small hospital becomes an impossibility.

In its training school work the chief emphasis should be placed on fitting nurses for private nursing. Attention to the individual patient, kindliness, personal interest and assiduous attention to nursing details must be made strong points in the small hospital. The character of the nurses must be of superior quality and the superintendent must be left unhampered in her efforts to secure the very best nursing material. Thoroughness of training for private nursing is easily possible in the small hospital. Far better is a careful study and proper care of fewer cases than a superficial study of many, and a pressure of work that makes careful attention to a patient's wishes and needs impossible.

No small hospital that expects to become self supporting can afford to give clinical advantages to medical students. It is seldom, if ever, really necessary to do this, though requests for such service may come from certain aspiring physicians. Just as soon as a small hospital allows itself to be used in this way, the possibilities of self support will begin to wane. The pressure will come from different sources to admit interesting cases -interesting from a clinical standpoint, and more charity work will soon be attempted than the condition of the treasury warrants. The very presence of medical students will change the atmosphere of a small place in spite of everything that can be done, and the best efforts of the superintendent in creating and maintaining a pure, serene, home atmosphere will be rendered to a large extent ineffectual. Research work, expensive laboratory work of any kind, educational work other than that done for nurses, must be left for the larger institutions. The small hospital must be content to devote itself to one main object—the giving of the highest grade of medical and nursing service to a comparatively small number of patients. It must aim at quality of nursing service rather than quantity of patients and imposing statistics.

To say that clinical work should not be attempted is not to say that no charity work should be done. The popularity of the hospital with physicians and the public may, and probably will, depend to a degree on a certain amount of charity work, but the amount of money expended for charity should be carefully and wisely considered and apportioned. It must always be a safe proportion. It is quite as unwise for a small hospital to attempt to be charitable beyond its means as it would be for a private individual to give money for charitable objects with pressing legitimate debts unpaid. Most small hospitals have some constituency that can be appealed to for support for free patients. In estimating the cost of free beds the small hospital cannot afford

to be other than honest with its supporters as regards cost. It is the height of folly to say to the public that a free bed can be supported for three hundred dollars a year, if the actual cost is nearer, or quite, or over, five hundred. Many hospitals are to-day making this mistake, but they cannot become self supporting in that way. The paying ward patients should be required to pay the actual cost of hospital service, which will probably be from \$1.50 to \$2.00 a day. No doctor should expect or be allowed to send a bill for service to such patients until the full cost of hospital care has been met.

It is exceedingly desirable that the small hospital have at least one or two rooms suitable for the wealthier class of patients—rooms that will satisfy the fastidious patient with money at his command, but it must have most of its rooms at prices that will make it possible for the middle class patients to have privacy and pay for it.

The superintendent of the hospital is usually in the best position to decide as to a patient's ability to pay, but she must be fair to the physicians of the community and must insist on the paying patients that she refers to staff physicians paying according to ability for medical service whenever possible.

In all large cities there are numbers of physicians of high grade who are not connected with any hospital. The small hospital should be able to attract to itself many such physicians—especially those in its own immediate vicinity. Such physicians need the hospital; the hospital needs them, and it must study to satisfy them and hold them as loyal friends. In dealing with such physicians, it is never wise to have too rigid rules regarding privileges. If the patient is able to pay the actual cost of hospital service in

ward or private room he should be allowed to have his own physician. The adoption of this rule, the fairness of which will appeal to every one, will go far toward winning to the hospital a desirable class of physicians, who will keep the beds and rooms for paving patients filled. If the hospital admits the patient free of charge, it has a right to say who shall treat that patient. For this reason a carefully selected small staff of physicians skilled in various lines seems almost a necessity, but it should be a small staff. A topheavy, cumbersome staff has meant the undoing of many a small hospital. The staff physicians should be given to understand the necessity for strict economy in their service and this can rarely be accomplished with a large staff. There will always be some who will be wasteful and extravagant in the matter of hospital supplies, and these will have an adverse effect on all, and on the whole institution. A good operating room is a necessity, but it need not be extravagantly equipped. What counts for a good deal more than most boards of managers realize in keeping the better class of patients satisfied and making of them staunch friends is a refined and wellmanaged dietary service. The trays must be neat and attractive always. The food must be of good quality, carefully cooked, of sufficient variety and served in an attractive manner. This can be accomplished in the small hospital even more easily than in the large. It does not require a costly service, but it can never be accomplished unless the superintendent is able to create in her nurses an enthusiasm to excel in this particular, and not then without some personal supervision on the part of the superintendent.

In the Southern part of the United

States the climate will permit the establishment of a permanent out-door department, which can be developed into a very attractive feature of any hospital. Experience has shown that most surgical patients, typhoid fever, pneumonia patients, nervous invalids and many others do much better in tents or on balconies than indoors. In practically all parts of the United States and Canada an out-door service can be given for five or six months of the year at least. This one feature alone has proved exceedingly popular with physicians and patients of small hospitals where it has been tried.

Another good investment for the small hospital is a well equipped bathroom, where hydrotherapeutic prescriptions can be carried out. This can be attained in time, as it does not require a great expenditure of money. A good hot air outfit, both for body and limbs, is another facility the small hospital can offer. All these things help to popularize it with the better, more progressive class of physicians and greatly add to its efficiency. The cost of these appliances can be carefully considered, and, once installed, they can be made to pay their own cost of operating them. The laity believe in such treatments and usually are willing to pay for them. If this were not so, there would not be so many bath houses and establishments of similar character operated for the money they will bring the proprietors.

Every possible source of legitimate income needs to be studied in working out this problem. The special nursing must be done by the pupils of the school, not by outside nurses, for the small hospital cannot afford to lose this revenue. If necessary, an extra house in the neighborhood can be fitted up to provide for additional nurses for this work.

A lack of money at the beginning of a small hospital is no great detriment. It serves as a check on the formation of extravagant habits and precedents. Usually the superintendent is inexperienced and the board also at the beginning of the enterprise, and there is always the temptation to load up with things that are unnecessary and often useless if money can be gotten to pay for them. Time is needed to show on what lines it is wise to expend money after the absolute essentials are provided. Local conditions and needs must be studied. Every hospital has some special advantage which can be developed-advantage of location, or of personnel, or construction or equipment. The needs the hospital can best fill, the lines which seem to have in them the best possibilities of development, with a view to self support, must be studied patiently in the light of experience.

An efficient superintendent is the greatest factor in making a success of the small hospital. Without the right kind of superintendent no board, no hospital, can hope for popularity and self support and general efficiency. Having found such a woman, her worth and ability having been proven, she should be left to a large degree unhampered in working out the problem from the inside, and she should be paid a liberal salary. Cheap executive officers or a penurious policy as regards salaries may do in some places, but no board that hopes to develop a high grade, self-supporting small hospital can afford to try the experiment. Fewer executives are needed in the small hospital, but the quality must be equal to the best, and quality must be paid for, here as elsewhere, if the hospital hopes to retain the right kind of executives.

### International Congress on Tuberculosis\*

The Cost of Tuberculosis in the United States and Its Reduction.

By PROFESSOR IRVING FISHER.

This paper summarizes the cost of tuberculosis in lives, disability, unhappiness and money.

The death rate from tuberculosis in all its forms in the United States is estimated at 164 per 100,000 of population, and the number of deaths in 1906 at 138,000. At this rate of those now living in the United States 5,000,000 people will die of tuberculosis. average age at death for males is 37.6 years; for females 33.4 years. The "expectation of life" lost (though estimated on a specially high mortality rate) is at least 24 years, of which at least 17 fall in the working period. The average period of disability preceding death from tuberculosis exceeds three years, of which the latter half is a period of total disability.

The money cost of tuberculosis, including capitalized earning power lost by death, exceeds \$8,000 per death. The total cost in the United States exceeds \$1,100,000,000 per annum. Of this cost about two-fifths, or over \$440,000,000 per annum, falls on others than the consumptive. An effort to reduce the mortality by one-fourth would be worth, if necessary, an investment of \$5,500,000,000. The cost of treating patients at sanatoria is repaid many times over in lengthened working lives.

The erection of isolation hospitals for incurables is probably the most profitable method at present of reducing the cost of tuberculosis.

A Farm Colony Experiment.

By Dr. HENRY BARTON JACOBS, Baltimore.

This paper is in the nature of a preliminary report upon an experimental farm colony, which is being made by the Hospital for Consumptives of Maryland at its Eudowood Sanatorium near Towson, Maryland.

The class of patients received at that sanatorium are such that it is highly desirable some provision for "aftercare" be made. They are with few exceptions indigent patients who come from the thickly settled portions of Baltimore. They are very carefully selected from the clientele of the Phipps Dispensary of the Johns Hopkins Hospital, and are therefore in a stage most favorable for ultimate cure. In numbers of them the diagnosis has been made from the history and the symptoms, no physical signs having yet appeared. These are the cases in which perfect recovery may be expected if they can be cared for sufficiently long in healthful surroundings before their return to the conditions from which they came.

A farm of 180 acres, adjoining the sanatorium, has been leased, a head farmer, housekeeper and cook installed in a comfortable farmhouse, and eight patients placed at work. The step from the sanatorium to the farm is a small one, as at the sanatorium all patients throughout their treatment are expected to work, not only to assist the sanatorium in its management, but to avoid the idle "sanatorium habit" which is so likely to break down the morale of patients. The work is carefully adapted to the condition of the patient and is

<sup>\*</sup>Abstracts of papers read. Printed without authors' corrections.

never allowed unless improvement from it results, or at least if no detriment follows. Therefore, when the patient is ready for discharge, he has already been at work through several hours of the day and his life at the farm will be but a continuation of the life at the sanatorium. Wages in the beginning are small, some of the men working for their board; others receive as high as \$12 per month. The heaviest work upon the farm is done by regular farm laborers.

The whole plan is under the direct supervision of the resident physician of the sanatorium, who is enthusiastic about its possibilities. He estimates that in spite of an unfavorable season the value of the crops raised will a little more than cover the expense of the experiment.

Institutional Care for the Early or Advanced Consumptive; Which Is the More Important? Experiences and Conclusions of a Layman.

By Mr. JACOB H. SCHIFF,

President Montefiore Home for Chronic Invalids of New York.

As the result of almost a quarter of a century's experience as chief executive of a large private philanthropic institution which deals with consumption in every stage of the disease among the dependent classes of the tenement house population of New York City, I have become convinced that if the scourge is to be dealt with effectively we must plan more largely than we have hitherto and much more boldly.

My observations and thought on the subject have led to the formulation of a few general principles for comprehensive action:

That the private hospitals and sana-

toria exclude from admission advanced and incurable consumptive patients.

That the State make ample and adequate provision for the proper care of sufferers from advanced and incurable consumption, and that the isolation of phthisis sufferers in an advanced stage be made compulsory by law.

That ample provision be made in sanatoria and otherwise for the scientific treatment of the consumptive in the early and curable stage of the disease, both through private philanthropy and by the State.

That a thorough system be organized through which can be disclosed the existence of cases of weakened constitutions and anemic condition in children and young persons, and that proper provision be made for curing such conditions, wherever they are found to exist.

The Social Significance and Educational Value of the Nurse in Tuber-culosis Work.

By MISS LILIAN D. WALD.

1877. First organization in America of District or Visiting Nurses' Associations.

1893. Visits for instruction made to the homes of patients by the first two nurses of the Henry Street (Nurses') Settlement. Sputum cups and disinfectants left.

1900. Follow-up work organized in Baltimore under Dr. Osler of Johns Hopkins Hospital Dispensary, in cooperation with the Charity Organization Society.

1902-3. Nurses employed by Tuberculosis Committee of the New York Charity Organization Society.

Organization of staff of nurses under Department of Health, New York City, by Dr. Biggs and Dr. Billings. Comprehensive organization of State tuberculosis work in Pennsylvania under Dr. Dixon, State Commissioner, with nurses as adjuncts in County Centres and State Sanitoria.

"Follow-up" work of hospitals and dispensary patients including instruction, interpretation, sending to suitable hospital and dispensary, the procuring of appropriate employment, etc.

Educational work through lectures, stereopticons, leaflets, etc.; talks at Mothers' Meetings, Working Girls' Clubs and the like; the development of special care of children in public schools.

Hospital training schools for nurses give two or three years' education technically and morally—an excellent preparation.

Drilling of "Soldiers in the field," and the careful selection of graduates.

Social significance lies in the ability of these "soldiers" to care for the individual victims and to throw light upon the whole subject and the multiple social questions involved.

#### Training for Professional Nursing in Institutions for the Care of Tuberculous Patients.

By Dr. Charles J. Hatfield, of Philadelphia.

Training in the nursing of tuberculous patients is of value for selected young women in whom the disease has been arrested, because it prolongs the time of cure, provides support while in training and increased earning capacity on graduation, and helps to preserve mental tone. Physical condition is better maintained in nursing than in other occupations; this class of young women must work to live. To the patient, the nurse is helpful from her sympathy and from her experience in taking diet, securing fresh air with comfort night and day in all

weathers, restraining exercise, etc.; she is an ever-present object-lesson and incentive to perseverance. To the physician, the nurse is invaluable from her intimate knowledge of details of treatment. To the sociologist, the plan is a partial solution of the problem of employment of arrested cases. As teachers the nurses are of value in the campaign of prevention.

The Training School of the Henry Phipps Institute was opened in 1904. Nursing by graduates of regular training schools had been unsatisfactory. Pupils have been mostly ex-patients of the White Haven Sanatorium. The course covers two years and includes staff lectures on anatomy, physiology, materia medica, general medicine, surgery, and dietetics, with practical instruction by the head nurse. The school has a capacity for sixteen pupils; work is arranged on an eight-hour schedule; the school diet is adapted to the needs of the pupils; they alternate in outside duty as inspectresses. Upon graduation a certificate of proficiency in the nursing of tuberculosis is given. Twenty-two nurses have graduated; two of these have died; three are still at the institute completing the course of practical work; seventeen are in good condition, occupying responsible positions in sanatoria, hospitals and private practice. All the nurses who are at work are earning larger salaries than they earned previous to illness. They are without exception content in their work. The staff of the institute considers the experiment a success.

The Training School at the White Haven Sanatorium opened September 1, 1907. The course of study covers two years, and is similar to that of the Henry Phipps Institute. There is capacity for eighteen pupils. The superintendent is

a graduate of the Henry Phipps Institute Training School. The prospect for the school is bright.

#### Tuberculosis and the Public Schools.

By Dr. LUTHER H. GULICK, New York.

The importance of attacking this problem through the agency of the public schools is indicated by the fact that ten out of eleven of all of the children of the United States come under the jurisdiction of the public school system for approximately seven years, namely from seven to fourteen.

The ultimate attitude of society toward such problems as this is not determined primarily by the discussions which occur in the daily press, but by the attitude which is taken and secured by children during the years of their school life.

Our daily acts are not predominantly the result of conscious thinking, but are, and must be, largely automatic. Conduct, then, is the thing to be aimed at, rather than merely intellectual information.

With the reconstruction of society, due to the development of machinery, with the development of a democracy which depends upon the intelligence of all the citizens, the State had to adopt general education—not primarily because ci the elevation of the individual, but as a measure of self-protection. These are the identical reasons why the State must, through the same agencies, namely the Department of Education, protect itself from the ravages of disease which are dependent upon ignorance with reference to the fundamental facts of life. How to so manage the home organization as to live most effectively, has only recently come to be regarded as one of the basal elements in general education. It is, therefore, as yet not treated as a prominent topic in the curricula of our normal schools or colleges. In practically no normal schools is it yet ranked with such sciences as psychology, education, history and the like.

This changed attitude of the State expressing itself through the schools toward health, does not mean merely, or mainly, the thrusting of additional burdens with reference to the instruction con the existing force. It means grafting into the service of departments of education experts who are qualified from the educational standpoint, whose rank and power shall be co-equal with those who work exclusively from the standpoint of education. Health and education must go hand in hand. This cannot be done by making the subject of health a subdivision of some relatively smaller topic which is not considered as a primary matter with reference to promotions, diplomas, or the granting of licenses. It is a fundamental matter with reference to the protection of the State, and must appear in the education of those idividuals who have to do with the education of our future citizens.

The State, in order to protect itself, must bear as definite a relation to the health of its children as it does to their education. These two purposes must be administered in the main by a single department of our government, namely, the public school. Hence, it is inevitable that there should be established as part and parcel of our Department of Education, groups of medical experts who shall see not only that the school is conducted without injury to the health of the school children, but that they are a positive factor in raising up for our republic that body of citizens which are not only intelligent but which have that background of vitality and power, without which

education, science, philosophy and art are relatively valueless.

#### The Unteachable Consumptive.

By Ellen N. La Motte,
Graduate of Johns Hopkins Hospital, Baltimore.

In considering education as the solution of the tuberculosis problem we must take into consideration that there is a large class of people that cannot be educated. It must also be remembered that this is the class particularly prone to tuberculosis, i. e. the very poor. principles of prophlaxis and precaution that an intelligent and well-to-do person can be taught to apply to his daily life, cannot be taught with any degree of success to patients living in crowded poverty-stricken conditions. These patients can be taught some few things, but in preventing tuberculosis it is not the occasional, but the constant, use of adequate precaution that can check its spread. Consequently a class of society that by reason of environment and low standards of mentality and morality cannot be persistently and unremittingly careful, is not a class from which tuberculosis can be stamped out by educational methods alone. The writer's personal experience with some 1,160 patients of this class, on or below the poverty line, shows only nine such households were capable of being adequately careful; 143 were fairly careful; 719 were careless, and 280 were grossly careless. Such patients are a grave danger to society. It would seem, therefore, that any community in which such a class is known to exist, would be justified in adopting more radical measures than "education" as a method of checking the spread of tuberculosis.

### A Proposition to Introduce a Public Health Week in the Public Schools.

By CH. WARDELL STILES, Ph. D.

As a result of his investigations in the South, Doctor Stiles has proposed the introduction of a "Public Health Week" into the public schools, in order to teach the following three great hygienic principles to the children:

First.—Do not spit on the floor, for this habit spreads tuberculosis and diphtheria.

Second.—Do not pollute the soil, for this habit spreads typhoid fever, and ground itch with its resulting hookworm disease.

Third.—Protect against mosquitoes, for mosquitoes spread malaria, yellow fever, dengue and elephant foot.

The proposition has met with favor, and if certain legal points can be arranged, the plan will be put into active operation this coming year. The plan involves the issuance of popular circulars by the U. S. Public Health and Marine Hospital Service, which the State Superintendents of Instruction can adopt as text books, to be used in the physiology classes during Public Health Week.



### Hysteria

ANNIE E. HUTCHISON

TO many people, indeed I think I may safely say to many nurses, it seems to be a fact that the term hysteria is simply significant of a condition that the patient could generally control if she wished to do so, hysteria being commonly taken to imply nothing beyond the well know hysterical convulsion or fit, and the still more common emotional outbreak of laughing and crying usually described as an attack of hysterics, Medical writers who have made special study of this subject do not seem to agree very well as to just what ought to be included under the name of hysteria, some doctors having apparently much broader ideas concerning it than others and including as hysterical phenomena a greater variety of symptoms. It does seem to be generally agreed, however, that very much yet remains to be learned concerning this peculiar mental and nervous disease. although a great deal of study has at different times been given to the subject. Hysteria has been known from the earliest ages of medicine and the study of this disease began, we are told, in the remotest antiquity. It was not, however, until the beginning of the nineteenth century that doctors began to give to hysteria a medical character. Dr. Pierre Janet, of Paris, France, who is to be regarded as one of the foremost authorities on this subject, tells us in his recently published book, "The Major Symptoms of Hysteria," that a history of the studies of this disease would be a very long one. He summarizes the history of these studies by dividing them into three great periods; a first period where-

in the history is, as he says, anecdotal and descriptive, a period of sibyls, witches and strange stories about convulsions, somnambulisms and other miraculous occurrences. This first period extends to the nineteenth century, from which he dates the second or clin-The third period, which ical period. is said to include the last twenty or thirty years, he calls the psychological period, because during this time the study of the disease has been directed to an interpretation of the mental phenomena that characterize it. early times all sorts of peculiar ideas were advanced to account for the phenomena of hysteria and the strangest theories were accepted even by medical men until comparatively recent times. Indeed, the influence of the old theories regarding hysteria which gave a bad reputation to the disease seems scarcely to have died away even yet. Dr. Janet tells us that this singular mental disease has played a considerable part in the history of all religions and superstitions. that, in fact, no disease from this point of view has played so great a part in history, and adds that it still plays an important part in the most attractive moral questions. Dr. Janet further says that the saying of the great French alienist, Moreau de Tours, that all the great things accomplished in the world have been accomplished by mad people, while perhaps somewhat exaggerated has, nevertheless, this foundation that "most great creeds have spread by means of the emotion caused by surprising phenomena which have always been due to hysteric people," To fur-

ther quote Dr. Janet: "In the development of every great religion, both in ancient and modern times, there have always been strange persons who raised the admiration of the crowd because their nature seemed to be different from human nature. Their manner of thinking was not the same as that of others: they also had extraordinary oblivions or remembrances; they had visions, they saw or heard what others could not see or hear. They were illumined by odd convictions; not only did they think, but they also felt in another way than the bulk of mankind; they had an extraordinary delicacy of certain senses joined to extravagant insensibilities which enabled them to bear the most dreadful tortures with indifference or even with delight. Not only did they feel, but they also lived otherwise than other people; they could do without sleep, or sleep for months together; they lived without eating or drinking, without satisfying their natural needs. Is it not such persons who have always excited the religious admiration of peoples, whether sibyls, prophets, pythonesses of Delphi or Ephesus, or saints of the Middle Ages, or ecstatics, or illuminates? Now they were considered as worthy of admiration and beatified, now they were called witches or demoniacs and burnt: but at the bottom, they always caused astonishment and they played a great part in the development of dogmas and creeds." All these phenomena, he goes on to say, are but the usual symptoms of hysteria; and he further adds that it is exactly the same now: "We have changed only in appearance. We beatify but few saints and we burn but few demoniacs, yet we have not forgotten them; they have become our somnambulists and mediums, and every time we

want to throw some light on the mysteries of our destiny, to penetrate into the unknown faculties of the human mind, to whom do we appeal? Whom do we take as a subject of observation? Is it an ordinary person, a person in good health, whom we ask to foresee the future or talk with the dead? No; it is a neuropathic patient, insensible to the things of this world, but whose sensibility is over-excited in a certain direction; medically speaking, it is a hysteric person."

Hysteria is commonly defined as a disease, mainly of women, characterized by lack of control over emotions and acts. It is called a psychic disease, a disease of suggestion or persuasion, consisting of disturbances that the patients persuade themselves that they are suffering from. It was long considered that women only were affected by the disease and its seat was thought to be the uterus. Some modern writers consider that while in many cases it is a purely mental trouble, yet in numbers of other cases there is a physical basis in some derangement of the sexual organs. Hysteria, to quote the words of Dr. Fere, a well known French authority, "is not a disease of any organ, but is a morbid condition of the entire organism." It is no longer considered that the disease is confined to women: men also suffer. Some authorities have even expressed the opinion, based on their observations in certain hospitals, that among the lower classes hysteria is most frequent in men, although most frequent in women among the higher classes. It is considered to be most common in both sexes from tenth to twentieth year, more particularly from the fifteenth to the twentieth, but may occur at any age from infancy to advanced

life. It is met with in all climates and among all races. Writers do not altogether agree regarding the origin of hysteria, some claiming that there must be a predisposition due to some degeneration and others maintaining that it may be determined by certain causes, such as violent shock, where no predisposition exists. It is said, however, that most hysterical subjects do present evidence of some degeneration and the influence of heredity is well recognized and generally acknowledged. A predisposition to hysteria may exist and evidence of the disease not be manifested for considerable time and then only in consequence of one or more violent shocks. If, however, there exists a strong predisposition it is likely to be early manifested and will require but an insignificant exciting cause. The predisposition is less according as it requires a more intense shock to excite symptoms of the disease and according as it manifests itself at a more mature age. Direct and similar heredity, that is direct inheritance of disease from parents suffering from the same disease, is very frequent in hysteria, but indirect and dissimilar heredity is said to be yet more frequent. Hysteria is often associated, Dr. Fere says, with all affections which betray a congenital vice of organization. It is apt to be associated with neurosis, psychosis, organic disease of nervous system, arthritism, tuberculosis, etc. Because hysteria is so frequently associated with all forms of degeneration it is thought by some that it may not always have its origin in heredity, but may have its origin elsewhere like the other degenerations. Dr. Fere considers that chronic intoxications and profound disturbances of nutrition may be concerned in the origin of hysteria. All forms of shock,

whatever may be their degree or nature. are regarded as exciting causes of hysteria. Anything that may cause a depression of the nervous functions and of general nutrition may excite Anything that may cause depression of the nervous functions and of general nutrition may excite hysteria. Emotions, fear, anger, religious enthusiasm, habitual preoccupations of the imagination, attempts at hypnotization, etc., are classed as the most prominent determining causes of hysteria. General diseases are often the occasion of hysterical symptoms which the patient may never have previously manifested, and it is considered that it may be due to debilitating causes, such as pneumonia, typhoid fever, malaria, diphtheria, acute articular rheumatism, etc. Hysteria may arise during acute alcoholic intoxication or from administration of other poison. Hemorrhages, profuse diarrhoea and physical or mental overwork are also included among the exciting causes of hysteria. It is considered, however, that, as a rule, the causes of general depression of the organism act as exciting causes only in those cases where a predisposition exists. Certain authorities claim that it is only among hysterical patients that hypnotism is to be found in any marked degree although it is not positively asserted that all the people who can be hypnotized must be called hysterical. Patients in a state of shock are said to be in a mental condition analogous to that of the hypnotized. Many of the physical signs that characterize neurasthenia are to be found in hysterical subjects and many of the symptoms of hysteria may be encountered in neurasthenia. Hysteria may, and perhaps not infrequently does, accompany neurasthenia, but it is a mistake to suppose, as I believe many nurses do, that all neurasthenic patients are necessarily hystericals.

Hysteria is manifested in a great variety of ways, including convulsive attacks, fits of sleep, motor agitations, paralysis, troubles of vision, troubles of speech, disturbances of the functions of alimentation, somnambulisms, etc. Hysterical disturbances may simulate all kinds of medical and surgical affections, and they do so well simulate the real maladies, that, as Dr. Janet remarks, many patients have been operated upon for their purely mental diseases. On the other hand there is sometimes a tendency to class as hysterical some very real troubles where the physical symptoms of disease are not well defined. Paralyses, contractures, anesthesias, lesions of bones, muscular and tendinous lesions, lesions of spinal column and pains of various parts are remarkably well counterfeited in hysteria. Hysterical disturbances also include false tuberculosis of lungs, false intestinal obstruction, false tumors of stomach and the still more common false uterine and Double personalities ovarian tumors. and double existences (classed among the somnambulisms) are among the strange phenomena presented by hysteria. These curious manifestations are certainly rare, nevertheless, a number of authentic cases are on record, the greatest number having, in fact, been recorded by American physicians. Janet says in reference to these peculiar cases: "The essential phenomenon that, in my opinion, is at the basis of these double existences, is a kind of oscillation of mental activity, which falls and rises suddenly. These sudden changes, without sufficient transition, about two different states of activity: the one higher, with a particular exercise of all the senses; the other lower, with a great reduction of all the cerebral functions. These two states separate from each other; they cease to be connected together, as with normal individuals, through gradations and remembrances. They become isolated from each other and form these two separate existences."

Convulsive attacks or fits are, as every nurse knows, very common phenomena of hysteria. For a long time there was no distinction made between the epileptic and the hysterical fit, which simulates the epileptic convulsions. The hysterical convulsions are apt to last much longer than the epileptic, the face of the patient, though congested, does not become so dark hued: and, also, the hysterical convulsion does not cause a severe physical disturbance like the epileptic fit, which leaves the patient exhausted and with an irresistible need of sleep. After a hysterical convulsion the patient can get up and resume her occupation. There is a rather general impression that hysterical convulsions are to be regarded as within the control of the patient, being probably an evidence of ill humor or a bid for sympathy and solicitude. This simple explanation may, and doubtless does, truthfully apply to some of those crises of violent agitation popularly termed hysterics; but this idea in relation to the manifestations of genuine hysteria does not seem to be held by certain modern doctors who have made very special study of the disease.

All hysteric phenomena are said to be consequent on thoughts and emotional phenomena, but authorities no longer maintain that the various manifestations of hysteria occur according to the will of

the patient, and some even assert that certain hysteric accidents are not only not intentional, but not even in relation with any thought of the patient's, although it seems to be generally accepted that suggestion, that is, the presence of an idea in the mind of the subject, can and often does, play a very important part in the various hysteric phenomena. In this connection a final quotation from "The Major Symptoms of Hysteria" will suffice to show the trend of modern medical science in relation to this disease: Formerly the physician said to the patient: 'You are paralyzed, you have crises of sleep because you are willing to have these accidents.' Now, it is recognized that he is not willing to

have them, but it is still maintained that he thinks of them. such or such a crisis with such or such an accident because you think of it.' I say that this is not true: there are many hystericals who do not think of the accidents they have. First of all, with some patients the accidents develop insidiously, unknown to them. They become anesthetic, paralytic, anorexic, amaurotic, without in the least suspecting it, Clinical practice shows you this every day, \* \* \* I do not admit at all that hystericals have at will, paralyses, with or without anesthesias. I do not admit that these patients know what happens in their somnambulisms, that they combine the disease before hand."

#### Disinfection of the Hands.

Two German surgeons, quoted in a medical paper, recommend a new proceeding for the disinfection of the hands of the surgeon and the field of the operation, respectively. They point out that the various endeavors that have hitherto been made to produce absolute sterility of the skin by means of chemical agents have failed because germs are left in the folds of the skin.

They propose to protect the skin with an impermeable covering through which the germs could not penetrate.

They have therefore devised a method by which the bacteria are, as it were, imbedded in an impermeable substance. For this purpose they use a solution of wax, which, in their earlier experiments, was dissolved in ether, but they afterward preferred tetrachloride of carbon

as the solvent, being cheaper and less inflammable than ether; this solution, which is termed "chirosoter," is sprayed over the hands by a spray-producer, and when the solvent has evaporated a thin coating of wax is left on the skin. Water, pus, blood and other fluids now run off the skin just as from oil-paper. It is essential that the skin should be as dry as possible previously to the application of the chirosoter, and therefore a previous disinfection by alcohol, spirit of soap and similar dehydrating agents is recommended. The coating of wax remains in good condition for a considerable time, and is not affected by washing with soap and water.

After the operation, the wax should not be removed from the hands, as it is an excellent cosmetic agent, making the skin soft and smooth.

# Bandaging

KATHLEEN L. MILLIGAN.

I CANNOT think of anything more certain to give confidence to both the patient and the attending physician than a nurse's ability to improvise, if need be, and to skilfully apply a bandage of whatever kind the occasion calls for.

It is unnecessary here to give either description or instructions regarding the mechanical devices for the making and management of roller bandages. These useful machines are designed to save time and labor. They speak for themselves. Their manipulation is easily learned, and does not in any way affect the patient or his or her comfort.

Skill in the act of bandaging depends on two things. First, a keen perception of the purpose for which the bandage is applied, and second, manual dexterity in its application.

A perfectly applied spiral bandage on a limb has a most attractive appearance to the eyes of the young nurse, and often her chief attention is given to its beautifully symmetrical outlines. While these are not to be despised by any means, the real purposes of the bandage, the proper degree of pressure and the amount of support given to the limb, are the genuine points of importance.

In my own experience I found it difficult to teach nurses to apply bandages properly. I found the best method for instruction was to take a selected patient, a reliable woman, neither too fleshy nor too thin, and place her, dressed only in a loose gown, on a bed or cot.

The pupil nurses stood by while a bandage was applied. Then the pupils in turn applied a similar bandage, under instruction, the patient being directed to tell how and in what respect the bandage differed from that which was first applied. I must say there never was lack of interest in the bandaging class.

In private practice the nurse must often improvise the bandage. Any old linen or cotton cloth will do, if clean, and torn into strips the required width. Remove all the loose threads and join the ends by machine stitching.

Always roll a bandage before use. To roll by hand take a little stick to start on, or make a start by turning the end of the bandage. When started take the rolls by the ends, between the thumb and second finger of the left hand, let the bandage fall over the right hand, holding it firmly as it passes between the thumb and first finger of the right hand, then roll the bandage backward and from right to left. Roll rapidly and draw tightly, keeping the edges perfectly even. When done, fold in one corner and stick a pin in the remaining point.

It takes most nurses a good deal of practice to roll a bandage well by hand, but it is worth learning. It is well to prepare séveral during spare minutes and keep them aseptically.

To apply a bandage to a broken or much injured limb where the patient has not control or power of motion, an assistant is necessary.

The assistant should stand on the left of the limb, and the operator should stand in front. The assistant takes hold of the limb firmly with both hands, the right above the point of injury and the left at the end of the limb. Hold the fingers or toes between the thumb and fingers of the right hand. Hold with gentleness and strength, keeping the limb perfectly still and as nearly as possible in the natural position. The operator, holding the rolled bandage in the right hand, makes a few turns over each other, thus "anchoring" the bandage, and proceeds upward, making such turns and reverses as are required for the security of the bandage and the adjustment of pressure.

Do not "anchor" a bandage too tightly or the circulation at the end of the limb will be impeded.

"Reverses" are made in order to adjust the bandage to the curve of the limb and in order to make both edges of the bandage hold with equal firmness.

Strictly in the line of duty of nearly all nurses, certainly of all private nurses, is the bandaging required in obstetrical cases. This branch is exceedingly important, and should be most diligently practised by students.

The abdominal binder is used by the large majority of physicians, and is to be applied immediately after the completion of the last stage of childbirth. used to prevent or to control hemorrhage and to assist in the natural process of the contraction of the uterus. No one, without personal experience, knows the feeling of rest, strength and comfort derived at once by the weary mother from a well applied abdominal binder. The simplest and best binder is made of a single strip of unbleached muslin, without hems or selvedges; its average measurement is about forty by eighteen inches, but it is made to suit the size of the patient.

To apply the binder, if the patient be unable to raise her hips, she should be gently turned on her left side; put on an

aseptic pad, which is to be held in place by the binder; then gather one half of the bandage in small folds and place the folds close to the back and hips, then gently turn the patient to her right side, far enough to draw the folds through. then lay her flat on her back, put the knees down straight and take up both ends of the binder. It is fastened by safety pins. Place the first one in the firmly drawn binder, directly in the line of the most prominent points of the pelvic bones and directly over the uterus. Some physicians order a pad placed under the binder, over the uterus. Some do not ordinarily use it, but a pad is good practice in case of a flat abdomen where the very prominence of the bones themselves is likely to detract from the pressure of the binder on the uterus and if there be also a liability to hemorrhage.

Draw the binder tightly and place the pins one inch apart upward, then downward from the starting point.

The upper and lower edges must be perfectly adjusted to the body by pinning in tucks at the sides above and below. The binder must not be too tight for comfort and must be frequently readjusted so that its pressure is maintained.

Skilful bandaging after childbirth goes a long way toward preventing the enlargement of the abdomen, which women naturally dislike so much. The binder should be worn till after the patient has begun to sit up.

Of equal importance with the abdominal bandage is the breast bandage. There are few obstetrical cases in which it will not be at least helpful, and in many very essential. The nurse must study in connection with the manipulation of this bandage the anatomy and physiology of the mammary glands.

About from twenty-four to forty-eight hours after parturition lactation takes place, and this is a period of rapid and intense change in these glands, and is accompanied by swelling and pain. The breast binder is designed to give support and relief.

Gentle massage may be given, using both hands laid flat and following each other in a circular motion, grading the pressure from circumference to centre as the milk ducts lead confluently from circumference to centre.

No rough or heavy touch should be laid on the breasts at this time, nor, in fact, all through the time of lactation and nursing, as the tissues are so sensitive and tender bruises or hurts given at this time may be in future years a source of cancerous affection. Therefore apply all treatment to the mammary glands with the utmost gentleness and delicacy of touch.

The breast binder is shaped on the same principle as the abdominal, but requires two broad straps coming over the shoulders from back to front and secured by pins to prevent its slipping down.

Place the bandage under the patient's body in the manner directed for the abdominal binder, then place a soft, folded cloth over the breasts to prevent bruising and to absorb milk which will probably ooze out.

Draw the breasts forward, as they will incline to fall backward under the arms owing to their swollen condition, and pin the binder, first in the centre, then up and down with gentle firmness. If uncomfortable, it is too tight. Pin the sides to insure close fit.

In case of a necessity to dry up the milk supply, the binder may be worn tighter than is otherwise necessary.

Very important indeed is the binder to be applied to the newly born infant. This bandage is used to keep the umbilicus in a firm position until it heals over, and the umbilical cord is detached, and also to retain in place the dressing which is needed. It must be remembered that the umbilicus having been the connecting link between the circulation of the mother and the foetus, it contains several important blood vessels, and is, like the seat of the placenta, practically an open wound immediately after parturition, and while the tendency of nature is to close the now unnecessary blood vessels, yet they are easily subject to hemorrhage and for a little while must be handled with great care and kept in as nearly as possible an immovable position.

A strip of outing flannel about nine inches wide and long enough to go two or three times around the body of the child is the correct bandage. It may be pinned, but is better sewed, and should be worn for a couple of weeks after the cord has come off.

Bandages are of great use in chronic affections of the joints, and in all cases of relaxed tissues, varicose veins, sprains, etc., swellings of all kinds and in cases of dropsy and effusions, are practically indispensable.

A bandage applied with sufficient firmness and with the pressure grading from the extremity to the centre of circulation gives immediate relief and comfort, gives rest to the distressed limb or joint, and aids circulation of the blood. But its curative action is slow.

When removing a bandage always gather or loosely roll it as it is taken off. A trained nurse should never be guilty of unwinding a bandage in an awkward or untidy manner.

# Reports of Cases

## Nursing in "Dixie"

SARAH H. HODGES.

On July 3, when I was planning in my mind a "Glorious Fourth," I was called to a case of typhoid fever, eleven miles in the country and over a road much like the "patch of life," being more rugged than smooth.

On my arrival I found my patient to be a man of 38 years, and apparently in his second week of the much dreaded disease. He was quite a noted man, being merchant, postmaster, superintendent of the public schools of his county and a farmer, thus every one in the community felt that their presence was necessary for the patient's recovery; but I soon convinced them that their absence would work wonders.

This was a very mild case, lasting only about three weeks.

One week from the day I took charge of the father, one of the daughters, age 14 years, came to me complaining of a headache and various other symptoms. On taking her temperature, I found it to be 103 F. Patient No. 2 was put to bed and condition reported to the doctor. Ten days later the mother was compelled to give up with a temperature of 1042-5. Shortly afterward began having profuse hemorrhages, which kept up for nearly a week. Here I was compelled to have the assistance of another nurse.

I do not recall the exact number of days after the mother succumbed when patient No. 4, the eldest daughter, age 18 years, was also stricken.

This case was similar to the mother's, consisting of numerous hemorrhages and wild delirium.

The next victim was a son of 5 years. An ordinary case, no complications.

Last, but not least, Nurse No. 2 returned home to receive the mete she had so often measured to others in the way of cold baths, ice caps, etc.

Upon investigation, the well, the only source of drinking water, was found to be filled with decayed pears, having fallen from a tree whose branches hung just above it.

Nurse No. 1 did not get a drink of that water without first boiling it for one hour.

All the patients recovered and I returned to the town on September 20th, not any the worse for wear.

# A Typical Case of Extrauterine Pregnancy

Mrs. B., 29 years of age, was admitted to the Stoughton Hospital April 20th, 1908, in a weakened condition. carrying a temperature of 100.2, with a pulse 104. Naturally a strong, wellbuilt woman, about 5 feet 8 inches in height and weighing 155 pounds. During childhood she had several attacks of rheumatism and at fourteen years of age had a slight attack of measles. Menstruation commenced at 15 years of age, was painful, irregular and in small quantities and sometimes lasted a week at a time. Two years ago menses became more regular. There was no illness after menstruation began but had frequent attacks of severe headache. She had been married six and a half years and had never been pregnant before. Was a user of patent medicines for "female troubles."

Her mother was a healthy woman until menopause.

Patient was taken suddenly ill with vomiting and fainting spells, and fearing an abortion they summoned a physician immediately, who diagnosed the case as extrauterine pregnancy. Five days after first attack she was able to be taken to hospital, where she was prepared for abdominal and vaginal operation. Dr. I., who diagnosed the case, performed the operation, assisted by Dr. T., while Dr. W. administered the anesthetic (chloroform). Bowels were full, urine dark colored, temperature 100,2 and pulse 94 at time of operation. An incision three and a half inches long was made in the median line below the umbilicus. intestines were pushed back and lifted up. There had been inflammation of the Douglas pouch, which made it difficult to lift the uterus up in the wound. The fundus uteri was then held in place with

clamps. The left ovary, on which a cyst the size of a walnut had formed, the ovarian artery, ligament of ovary, broad ligament and fallopian tube were tied with cat gut sutures, cut and removed. The fallopian tube, which contained clotted blood and placenta, was swollen to one and a half inches in diameter. This caused it to burst and fill the abdomen with dark blood.

The patient was taken from operating room in good condition, there was no emesis, felt well and had no pain until second day after operation, when there was slight pain in epigastric region. Liquid was given for two days, when patient was put on light diet and fourth day was given full diet. Appetite was good and slept well. Wound healed by primo-intentio. There is still a temperature, but otherwise is doing well.

## The "Salt Rub"

Various sanitariums and private hospitals are using the "salt rub," and it is becoming so popular that some Turkish bath establishments are advertising it as a special attraction. It is just as good for well people as sick ones, is the most refreshing of all baths and rubs ever invented, only excepting a dip in the sea, and is matchless in its effect upon the skin and complexion. With all these virtues it is the simplest and most easily managed of all similar measures, and can be taken at home easily. Put a few pounds of coarse salt—the coarsest you can get, sea salt by preference—in an

earthen jar, and pour enough water on it to dissolve the salt. This should then be taken up in handfuls, and rubbed briskly over the entire person, but anyone in ordinary health can do it for himself very satisfactorily. This being done, the next thing is a thorough douching of clear water, preferably cold, and a brisk rubbing with a dry towel. The effect of elation, freshness and renewed life is immediately felt, and the satiny texture of the skin and increased clearness and brightness of the complexion swell the testimony in favor of the salt rub.

# Drug Rashes and Idiosyncrasies

AN OLD NURSE.

THE unexpected appearance of a rash during the progress of a case has been a cause of perplexity to many a nurse. One particular case comes to my mind of a patient who developed, the day following a slight operation, a rash resembling in many respects, the scarlet fever rash. Fortunately the patient was much less alarmed than the nurse and inquired if there had been opium in the medicine which had been given her. A hypodermic injection of 1-8 grain of morphine had been given her to induce sleep the evening previous. She said she had never been able to take the smallest dose of any medicine containing opium without the rash following it.

An enema rash sometimes comes on within twelve hours after the administration of a large enema, especially one that contains much turpentine or hard soap. It may resemble either measles or hives, and sometimes is only a reddening of the skin in spots.

Osler mentions the following drugs as particularly liable to be followed by a rash: copaiba, quinine, belladonna, mercury, ergot, and the iodides. Purpura has followed the use of comparatively small doses of iodide of potassium.

Children are particularly susceptible to drug influences of all kinds, and rashes following the administration of medicine to children are common. Gould states that "the most important drugs causing eruptions are antifebrin, antipyrin, arsenic, belladonna, bromides, chloral hydrate, cubebs, copaiba, digitalis, iodides, mercurials, morphine, quinine, salicylic acid, strychnine and turpentine."

It is needless to say that idiosyncrasy is a strong factor in the production of drug rashes. It is said they are more likely to occur where the organs of excretion and particularly the bowels and kidneys are not doing their normal work of elimination. This condition often exists in chronic heart or kidney trouble. Large doses and long continued administration of certain drugs are very likely to be followed by an eruption of some kind. Desquamation rarely follows.

Twice in the writer's own experience, in adult life, the whole body has been covered with a rash closely resembling measles in appearance. It began on the face and arms and in a few hours had extended over the whole body, disappearing in about thirty-six hours. There was no fever accompanying it in either case and no possible cause could be found to explain it in the first instance. On the latter occasion the possibility of impure food was the most plausible explanation.

Patients with a nervous, highly strung organism are more easily influenced by drugs of all sorts, and comparatively small doses may sometimes produce very unexpected effects. Even a half grain of quinine or of calomel have produced such undesirable effects in such cases that it seemed unwise to continue giving the drug. Very small doses of the bromides in some nervous individuals have resulted in a depression entirely out of proportion to the size of the dose given.

Septic rashes often follow a very mild degree of sepsis in children, following a wound or operation, and desquamation may be quite marked.

One case of rash closely resembling smallpox in appearance was an unexpected complication of a typhoid fever case. The rash began on the forehead and wrists, next the chest and back were invaded, the rash being particularly diffuse on the arms and back. A few spots

were on the lower extremities. It seemed to produce no appreciable change in the temperature, which had been running from 102 degrees F. to 104 degrees F. After a good scare, a great deal of consultation, and four days' waiting, it was decided to be "septic rash" and rigid quarantine regulations were abolished, much to the joy of patient, nurse and all.

# Practical Points

WHEN a protector is needed for an injured arm, limb or foot that cannot bear the weight of bed covering, take a barrel hoop and cut it in half, then cross the two halves in the centre and tie with a stout cord. Place this frame over the injured member before the covering is put on.

To sterilize salt for salt solution, fill several 2 dram vials with clean salt, cork securely and sterilize daily for three days, one hour each day. This size vial contains just enough salt to make one quart of 0.6 per cent. solution.

When a patient is too ill to raise the head to take drink or nourishment and a feeder or tube is not available, use a small narrow lipped cream pitcher or a child's china tea pot; either does very well in case of an emergency.

To save many steps and needless calls from other duties, hang a handkerchief bag where it is handy for your patient. Keep a supply of clean handkerchiefs on a table or chair near by, then the soiled ones may be dropped in the bag and a fresh one taken as needed.

Apply 5 per cent. solution of carbolic acid on cloths or gauze to spots irritated by hypodermics of digitalin; this will remove soreness in a short time.

The following remedy as prescribed by a physician and used with much success in several cases of badly swollen and painful breasts, is as follows: Make a salve of equal parts unction ichthyol and lanoline, apply to the breasts freely, avoiding the nipples. Rub in well and cover with cotton. Bathe well each time before infant is put to the breast.

The best covers for medicine tumblers in a sick room are rounds of thin white cardboard. They are inexpensive, clean, noiseless, and can be easily replaced as soon as they become stained and unsightly.

A simple and excellent lotion for bathing the back, hips, elbows and heels, as a preventative to bed sores is made as follows: Fill a pint bottle two-thirds full of witch hazel and one-third pure alcohol. Add a teaspoonful of powdered alum and shake well to mix and dissolve the alum. Bathe frequently with this and if the parts are very tender add one-half again as much alcohol as prescribed above.

When the feet burn and are sore and tender, from much walking and standing, take a teaspoonful of Epsom salts, five drops tincture of capsicum and put in a shallow basin of warm water, just enough to cover the soles of the feet, and soak them twenty minutes. This will afferd relief and cure the burning.

A teaspoonful of salt and a teaspoonful of boracic acid dissolved in half a pint of boiling water will cure catarrh of the nose. Snuff it up into the nose three times a day, lukewarm, not cold.

Strong soda water is excellent for burns or scalds. After applying strong soda water as hot as can be borne for about ten minutes dress with olive oil.

If your shoes squeak, soak the soles in hot water and rub well with vaseline.

An ether cone can be readily improvized from a tumbler or ordinary drinking glass by putting a large clean hand-kerchief in it loosely, then sprinkling on the chloroform or ether. In obstetrical work the patient can sometimes hold this easily herself if the doctor happens to be alone, taking a whiff when the doctor instructs her.

A tree or a few branches placed in a tub of ice water and put near the window will keep a room very cool in Summer. Do not forget that lavender sprinkled about the bed will keep away flies.

### Superintendents' Association.

The lady superintendents of training schools in convention at the Lady Stanley Institution, Ottawa, Canada, October 9, have formed a Canadian National Association of Trained Nurses. Miss Snively, of Toronto, was elected president, and Miss Shaw, Toronto, secretary-treasurer of the association. The fee of the association will be \$5. An invitation has been extended to the convention to hold its next annual meeting in London, Ontario, which was accepted.

The election of officers of the lady superintendents resulted as follows: President, Miss Stanley, London; first vice-president, Miss Snively, Toronto; second vice-president, Miss Lewis, Montreal; secretary, Miss Brent, Toronto; treasurer, Miss Meilkeljohn, Ottawa; councillors, Miss Mackenzie, Ottawa; Miss Craig, Montreal; Miss Sherraton, New Glasgow, N. S.; auditors, Miss Sharp, Woodstock; Miss McColl. Ottawa.

Miss Green, superintendent of the General Hospital, Belleville, read a paper on "Training School History," and one on "Preliminary Training" was presented by Miss Stanley, of the Victoria Hospital, London. The convention adjourned at 12:15 o'clock for luncheon, at which the visitors were the guests of the governors of St. Luke's Hospital. The lunch was served at the Golf Club. The delegation paid a visit to the tuberculosis dispensary at the close of the session.

# Department of Army Nursing

DITA H. KINNEY
Superintendent Army Nurse Corps

grew in the garden of Hesperides, and Venus in ineffable loveliness came up out of the sea, there was in the nether world a man—half god, half mortal—who for some reason was doomed through eternity to roll up hill a massive stone which as soon as the top was reached immediately rolled back into the valley and the work had all to be done over again. No reason is given as to why he was thus punished, nor is there any record that he grumbled at his fate, but it must be remembered he was half a god.

The work of this unhappy wight was not less futile or barren of results than have been all efforts to make the nurses of the country understand the following points, i. e., that

- The Army Nurse Corps has no connection whatever with the Red Cross Society—consequently,
- 2. Members of the Army Nurse Corps are not Red Cross nurses;
- 3. That the requirements for joining either service are totally and entirely different from those of the other;
- 4. Members of the Army Nurse Corps are not "enlisted," but "are appointed by the Surgeon-General with the approval of the Secretary of War." The use of the word "enlist" in connection with army nurses creates a wholly wrong impression as to their position and status.
  - 5. The Hospital Corps and Army

Nurse Corps are not at all the same. The former is composed entirely of men who are not required to have had any special training before entering the army. Men are enlisted for the Hospital Corps as are privates in all other branches of the service, cavalry, infantry, artillery, etc.

"To become a Red Cross nurse application must be made to the branch of the National Red Cross in the State where the nurse resides. All but thirteen States have branch organizations, but in those which have none there is no way in which nurses there resident can become Red Cross nurses, though any citizen of the United States can become a member of the National Red Cross by applying directly to the headquarters in the War Department, Washington, D. C., and paying the dues, \$1.00 a year.

For admission to the Army Nurse Corps application must be made to the Surgeon-General, United States Army. Those receiving appointment are immediately placed on duty in army hospitals and before entering must agree to remain at least three years. The Red Cross only enrolls its nurses that it may have a list of those who are willing to serve in war, pestilence or other national calamity, and who, after the emergency has passed, return to their ordinary avocations.

Hardly a day passes that does not bring one or more letters to the Surgeon-General's Office stating that the writers "wish to enlist" or are "anxious to become Red Cross nurses," or "desire to join the Hospital Corps." It is obviously impossible to enter into an explanation in the reply to every such letter, so, even though it has repeatedly been given, the above information is once more set forth.

Our twin sister service over in the Navy Department has already appointed sixteen of the twenty nurses with which it planned to begin its work. They have reported from all parts of the countryfrom California to Maine. In addition to its Superintendent, Miss Hasson, the Army Nurse Corps has furnished the new service five of its nurses. Miss Pringle, in our corps for eight years and for over three years Chief Nurse at Fort Bayard, has accepted the second place in the new corps-i. e., Chief Nurse in the Naval Medical School Hospital in this city. Miss Hine, an army nurse for eight years and Chief Nurse at Corregidor, P. I., is one of the Navy's nurses: also Misses Sarah Cox, Della V. Knight and Elizabeth Hewett, all of whom have records of valuable and faithful service in the army.

Pending the building of quarters for them in the hospital grounds the nurses are living in two adjoining houses (in the vicinity of the Hospital) which have been newly furnished for them. A course of sixteen lectures has been planned, and will be given to the nurses by different navy doctors on duty in this city. The work has been most auspiciously begun, and both the navy and its nurses are to be congratulated.

The discharges since our last notes have been Josephine R. Heffernan and

Clara Maria Selover, both in the Philippine Islands.

The appointments have been: Miss Elizabeth Gore Gibson, daughter of a deceased army officer, graduate of the Boston City Hospital, class of 1903. Miss Gibson has been assigned to duty at the General Hospital, Presidio, of San Francisco.

Miss Sayres Louise Milliken, graduate of the Homeopathic Hospital, Pittsburg, Pa., 1899. Miss Milliken was for seven years in charge of Dr. Hartigan's Sanitarium of Morgantown, W. Va. She is also appointed for duty at the General Hospital, San Francisco.

Miss Edith M. Shaw, temporarily acting as chief nurse at the Division Hospital, Manila, and Miss Carrie Bechtle have both successfully passed the examinations required by regulation for promotion to the grade of chief nurse.

Nurses Junia Hattie Latimer, Elsie M. McKallip, Amalie Ida Haentsche, Frances Nowinskey, Lyda M. Keener and Elizabeth D. Reed, recent arrivals in the Philippines, have been assigned to duty at the Division Hospital.

Mary H. Hallock and Hannah P. Morris have been transferred from the Division Hospital, Manila, to Zamboanga; Gertrude H. Lustig and Mary Agnes Sweeney from Division Hospital to Camp Jossman; Margaret Moore from Division Hospital to the General Hospital, Presidio of San Francisco: Emma Rothfuss from Camp Keithley, and Mabel D. Gee from Camp John Hay to the Division Hospital; Annie A. Daly from Fort Bayard to San Francisco; Bertha Purcell from San Francisco to Fort Bayard, and Maud B. Kee and Paula E. Nordhoff from San Francisco to the Philippine Islands on transport of September 15.

# The Diet Kitchen

### Diet for the Diabetic

ROSE R. GROSVENOR.

Past Diet Matron, Iowa Soldiers' Home Hospital.

PAPER II.

H AVING described in Paper I the value of restricted diet in the nursing of "Diabetics," and at the same time giving a practically complete list of the proper foods suitable for such patients, this paper will be devoted to tested recipes for the preparation of farinaceous and other foods for the making up of appetizing non-starchy menus; especial attention being paid to the use of gluten as a substitute for common flour, and sweetina or saccharine as a substitute for sugar.

### Farinaceous Foods.

GLUTEN BREAD,

Take one quart of lukewarm sweet milk or milk and water, one heaping teaspoonful of good butter, one-half cake of any fresh dry hop yeast or one-fifth of a cake of compressed yeast beaten up with a little water, and two eggs beaten light, stir in gluten until a soft dough is formed, about the consistency of baking powder biscuit, and knead thoroughly. Put in pans to raise, and when light, bake in a hot oven for about forty-five minutes.

Gluten bread may also be made the same as ordinary wheat bread, except that shortening is not required. Less yeast is required than with starch flour and also less time is needed for the raising process. After baking do not put loaf in a closed receptacle but wrap in a towel and keep in a dry place where the air can circulate around it.

#### GLUTEN MUFFINS.

Beat one egg light, add one cup of sweet milk, one teaspoonful melted butter, one-half teaspoonful salt and sift in one cup of self-raising gluten flour. Beat together thoroughly, have muffinrings hot, pour in the batter, and bake in a quick oven twenty minutes.

### GLUTEN GRIDDLE CAKES.

Beat one egg quite light, add a pint of sweet milk, a little salt and stir one teaspoonful of baking powder in gluten flour to make a batter much thicker than wheat flour batter is usually made; add one ounce of melted butter and bake well on a hot, slightly greased griddle.

#### GLUTEN PORRIDGE.

To one pint of hot milk or water add one tablespoonful of gluten flour which has been dissolved in a little cold water. Cook slow and thoroughly, salting to taste. This may be served with a little cream and is an excellent dish for any invalid.

BRAN BISCUIT.

Sift together one-half teacupful each of wheat bran and of gluten flour, one teaspoonful each of baking powder and salt, rub in one teaspoonful of butter and add sweet milk to make a soft dough. Roll out, cut with a small cutter and bake twenty minutes in a hot oven.

Soups.

#### CLAM SOUP.

Take one-half dozen clams, wash thoroughly with a brush, put water enough on so as to cover the clams, let them cook until shells open, then remove shells and clams; add a little cream, salt and pepper to the water in which the clams were cooked; chop the clams fine, return them to the liquor and let all boil until tender; when done add butter to taste and serve at once with crisp gluten wafers.

### Meats and Fish.

### ROASTED SWEETBREADS.

Parboil several large sweathreads for five minutes, when cold, dredge with gluten flour, place on several slices of salt pork in a roasting pan with several more strips of the pork on top. Roast in a moderate oven, basting often with melted butter and hot water, serve with tomato sauce poured around them and garnish with sprigs of parsley.

### KIDNEY STEW.

If wanted for breakfast, boil kidneys the night before till very tender, turn meat and gravy into a dish and cover. In the morning boil for a few moments, thicken with gluten flour thickening, add part of an onion chopped fine, pepper, salt and a lump of butter and pour over toasted slices of gluten bread, well buttered.

### CREAMED CODFISH.

Soak one-half cupful flaked cod-fish in two waters, melt one-half teaspoon butter, add one teaspoon of gluten flour and pour on gradually one cupful of scalded milk, cook well; add the fish; cook five minutes more, stirring in the yolk of one egg just before serving on slices of gluten bread or in cases made of gluten wafer paste.

### Vegetables and Entrees,

### SMOTHERED TOMATOES.

Wipe medium sized tomatoes and cut in two, crosswise. Put in a hot granite omelet pan, sprinkle with salt and pepper and dot over with butter, using half a tablespoonful to each half tomato. Cover closely, set on the back of the range, and let cook until tender, serve hot for either dinner or luncheon.

### ESCALLOPED MUSHROOMS.

Wash and peel the number of mushrooms needed and lay in salt water onehalf hour, then place in a buttered baking dish with alternate layers of gluten
bread crumbs, seasoning each layer plentifully with butter; add salt, pepper and
a gill of cream or white sauce. Bake
twenty minutes, keeping covered while
in the oven; when done serve immediately.

#### CHEESE SOUFFLE.

Break one egg into a baking-cup, pour over it a large tablespoonful of butter, then add a thick layer of grated cheese. Sprinkle with gluten bread or cracker crumbs, salt and pepper and bits of butter and bake twenty minutes in hot oven.

#### PARSLEY OMELET.

Separate one egg and beat white to a stiff froth. Beat the yolk till light, add one tablespoonful of milk, salt and pepper to taste. Lightly fold the yolks into the white, put two teaspoonfuls butter in the frying pan, when it bubbles turn in the mixture. When a delicate brown, sprinkle with finely minced parsley and fold over. Turn on a hot dish and serve at once,

# Editorially Speaking

# The American Hospital Association Convention

THE convention of the American Hospital Association, recently held in Toronto, must be regarded in many respects as the most successful ever held. King Edward Hotel proved to be an almost ideal meeting place. The attendance was large, and represented a large number of the States and provinces of the two countries concerned. The programme was of an exceptionally high order. The momentary attractiveness and interest of some of the sessions was apparently not the chief end in view. The educational value of the papers will perhaps be appreciated more as they are read and digested later on. The general consensus of opinion was that as a permanent contribution to hospital literature the papers of this year, taken as a whole, will rank in value above that of any preceding convention.

The most important work of the convention was the vote to appoint a committee to investigate the training school situation and frame a model curriculum representing the minimum which hospitals should be required to teach. Five hundred dollars was appropriated to defray the expense of this committee. The decision to undertake this work is believed to be a long step in advance by all concerned. It is due to the persistent efforts of a few members of the association who have believed that the length of the term of training, the number of class hours that should be required—in fact,

the discussion of all other phases of the training problem was bound to be fruitless unless the question as to the essentials to be taught was decided. The names of the members of this committee have not yet been announced. It is to consist of seven members of the association and the president, ex-officio.

The association is under great obligation to the number of distinguished visitors and others who were present to present papers or who had prepared papers to be read by others. Among these were Mrs. George S. Bixby, of the New York City Visiting Committee of the State Charities Aid Association: Miss M. U. Watson, Director of Home Economics Department of Macdonald Institute, a part of the Ontario Agricultural College, Guelph: Mr. Robert W. Bruere, General Agent of the New York Association for Improving the Condition of the Poor; Dr. James A. Miller. President of the Association of Tuberculosis Clinics of New York; Dr. D. C. Potter, Chief of Charitable Institutions, Division of the Department of Finance of the City of New York; Mr. Meyer J. Sturm, architect, of Chicago; Dr. D. L. Edsall, Professor of Therapeutics and Pharmacology in the University of Pennsylvania. The very efficient local committee of management, Hon. John Ross Robertson, Dr. J. E. Brown and Dr. R. Bruce Smith, had left nothing undone that would contribute to the comfort and convenience of the members and the success of the convention. The usual banquet was dis-

pensed with, and instead, a reception was given by Mr. John Ross Robertson at the magnificent nurses' residence of the Hospital for Sick Children. A large number of the visiting members also availed themselves of Mr. Robertson's invitation to visit the Lakeside Home-the Summer home of the Hospital for Sick Chil-In fact, from beginning to end Mr. Robertson was indefatigable in his efforts to make the occasion one of real pleasure as well as of great educational value. The press of the city devoted considerable space to the work of the convention, and the result must be a great impetus to the hospital work of both countries.

The year just closing has seen the association almost double its membership and the prediction is that inside of two years fully 1000 members will be enrolled. It is certain in time to dominate the entire hospital world, and its decisions will powerfully affect legislative bodies in the two countries.

The president-elect is Dr. John M. Peters, Superintendent of Rhode Island Hospital, Providence; the secretary Dr. W. L. Babcock. Superintendent of Grace Hospital, Detroit, and the treasurer, Mr. Asa Bacon, Superintendent of Presbyterian Hospital, Chicago. The next convention will be held in Washington, D. C.

# Post-Graduate Study

THE charge has frequently been made that nurses, most of them at least, cease to be students at graduation. We have reason to believe that this is not so generally true at present as it was in former years, but there is no doubt that a great many nurses attempt no systematic study. Year after year goes by without any definite plans of thought, or reading or

plans for improvement of any kind. matters not how well trained a pupil may be, she cannot expect to advance or keep up with the procession if she does not continue to develop her mind, if she does not keep informed regarding the newer methods and the progress that is being made in matters relating to the relief and prevention of human ills. Now that the holiday season is over, we would especially recommend that nurses take up the definite study of some one subject. The last few years have seen many excellent additions to nursing literature. Every nurse in active practice can afford at least one or two new books each year. Probably every nurse, if she stopped to analyze herself, would discover that she was weak along some particular line. However thorough a hospital course may be, it cannot give due attention to every There is always need for the nurse to supplement along some line. Many hospitals are able to give but very limited experience, sometimes none at all, in the care of children. In many others the surgical cases number five to one of the medical cases. The nurse in the field may find months elapsing in which she is not called to an obstetrical case. It behooves her then to read and strengthen herself along medical and obstetrical lines-It is true that hospitals have a large responsibility regarding the training they give, but, after all, a nurse becomes largely what she determines to be. It matters not how small or obscure the hospital in which she trained, the nurse can be a first grade nurse if she wills to be. No one can prevent her developing the qualities that place nurses in the first rank. That is a matter she absolutely controls her-The American people have little use for snobs in any line, and it is high

time that nurses ceased trading on their Alma Mater, or depending on it to give them a value. The world is ready to recognize ability wherever it is demonstrated, and asks not how or where it was received. Again we say the nurse has the ranking of herself in her own control. No one can keep her down if she is determined to rise.

# Three-Year Training Versus Three-Year Legislation

THE burning question for the last few years in the hospital world has been the length of the term of training for nurses. It is absolutely certain that the burning question for the next few years will be the length of training that should be required by law.

There is little reason for discussing the fact that such hospitals as the Presbyterian, of New York, the Massachusetts General, the Mount Sinai, and many other large hospitals can make the third vear valuable for the pupil nurse. There is little reason for discussing the fact that a great many of the small hospitals cannot. Leading superintendents of large hospitals frankly admit that a nurse can be trained to take care of the individual patient in two years. They agree also that small hospitals do give good training up to a certain point, and that refusal to recognize such hospitals as training schools would be and is a gross injustice, but they do not believe any pupil nurse should be required to spend three years in a small hospital. They feel she should be free after two years to go where she pleases to acquire additional experience and training, and that hospifals should have the liberty of adjusting themselves to meet changing conditions within reasonable limits.

They agree that this little dream of affiliation is not practicable in a great many places, and should not figure in legislation except where special or private hospitals and sanitaria are concerned. General hospitals should be recognized as training schools that meet reasonable requirements and give a two years course. Legislation should require the minimum period, not the maximum. It is quite probable that so long as hospitals exist, there will be two-year and three-year training schools, but legislation should be framed so as not to embarrass hospitals in the work for which they were organized. This is a phase of the question nurses have not sufficiently considered in the past, and we earnestly request for it careful consideration in regard to the bills that will be presented to legislatures this year.

# Training for Institutional Work

THOSE who have been interested in the paper and discussion on "Training Nurses for Institutional Work," which have appeared in the last three issues of The Trained Nurse, will also be interested in knowing that the plans outlined in Miss Aiken's paper are to be put into practical operation this Fall in the Massachusetts General Hospital, Boston. That hospital proposes to give a six months course in institution management, beginning November I of this year. The course will be open at first only to graduates of that hospital. The students will live outside the hospital and will be on duty every day in the week except Sunday from 8 A. M. to 5 P. M. No tuition is charged, and lunches will be provided for pupils by the hospital. The course will be largely one of observation of the practical running of different parts of the

hospital. The pupil will observe the methods by which the various departments of the hospital are controlled. She will be instructed in the admission and discharge of patients; will acquire some knowledge of bookkeeping; the ways of checking the purchase and use of supplies, and of conducting hospital correspondence. Instruction will be given in the methods of heating, lighting and ventilating buildings. She will spend some time in the storeroom of the hospital, the kitchen and diet kitchen, laundry and the office of the training school. In the last named department she will be instructed in the relations of the training school to the other departments of the hospital and in the duties of the head nurses in charge of the large sub-departments, like the Out Patient Department, Surgical, Building and Accident Wards, and in the duties of head nurses in the wards. She will also receive instruction from the superintendent of nurses in the methods of admission of pupils to the training school, their rotation of duty and their special courses.

For many years nurses have felt and expressed the need for just such opportunities as the one we have outlined. A number of hospitals have arranged for a few lectures on executive work for senior rupil nurses, but so far as we know this is the first attempt to outline a definite, systematic post graduate course in hospital management. Dr. Washburn, the Superintendent of the Massachusetts General Hospital, is deeply interested in this new step and will have it under his direct supervision. Other hospitals in New York, Chicago and other places are contemplating a similar extension of their training department. The plan is one which will be far-reaching in its effects.

It marks the beginning of a new era in training in American hospitals. There is no question that the practical benefits to be derived by nurses from such a course will far outweigh the theoretical instruction that is given at Teachers' College, where a great deal that has very little bearing on hospital work is taught to nurses. No student can possibly receive the benefit by going in for an hour or two as a visitor or an observer to different hospitals that can be received where a pupil lives and does her work six days in the week in a well organized hospital as a pupil in hospital management. It looks to us as though a little energy expended by alumnae associations in talking up this idea in training might be quite as fruitful in results as raising money to help support a university that is already well endowed.

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# The Graduate Nurses' Association of Pennsylvania

ALL those interested in State legislation for nurses should feel great sympathy with the graduate nurses of Pennsylvania in their effort to pass their bill. These nurses, in spite of most discouraging circumstances and bitter opposition, have been so sane, so tolerant, so ready to compromise, if compromise seemed best; so willing to adjust their bill to existing circumstances, that it would seem all opposition should be disarmed.

At the sixth annual meeting held recently in Philadelphia, the principal business was the discussion of the bill to be presented at this session of the Legislature. Some of the most prominent medical men of Philadelphia addressed the nurses, and were invited to criticize the bill either favorably or adversely, and to give advice and suggestions. No bet-

ter illustration of the spirit of fairness and justice in which these nurses are working can be given than the fact that the physician who has been largely instrumental in defeating previous bills was allowed to come before the meeting and was given a respectful hearing. In the course of his remarks this doctor told the nurses with almost brutal frankness that he had defeated their previous bills, and would defeat this unless it complied with certain conditions. Notwithstanding this the speaker was accorded the same courteous attention as those who had expressed themselves heartily in sympathy with the bill, and was given a rising vote of thanks. When women show this spirit in their controversies they invariably "win out." We extend our best wishes for success.

At this Convention, "The Quarterly," of Graduate Nurses' Association of Pennsylvania, made its initial appearance, and if we may be pardoned the expression, is calculated to make the older magazines "sit up and take notice," for it is a fine looking magazine, excellently printed and full of useful material for the Pennsylvania nurses. The editorial staff is: Editor, Miss Roberta M.

West; associate editor, Miss Ellen M. Hunt; business manager, Mrs. M. I. 'Moyer.

# Navy Nurses

In another department will be found a list of the nurses who successfully passed the first examination for appointment to the Nurse Corps (female) of the United States Navy.

The nurses have all been detailed to duty in the Naval Medical School Hospital, Washington, D. C. An examination will be held on the 20th for four more nurses which will make the detail complete for the present. will be expanded slowly, at the rate of about ten every six months; this will allow of a careful selection, and all of the accepted candidates will be first ordered to Washington; here they will receive some instructions in the form of lectures from the medical officers attached to the Hospital of the Bureau of Medicine and Surgery, and from the superintendent in regard to the special requirements of military nursing. As has been previously stated, the superintendent of the corps is Miss Esther V. Hasson.

# A New Interpretation of the Child Labor Law

The new child labor law for the District of Columbia is subverting discipline in the homes of Washington parents. Asked to do a chore, one hopeful replied to his father: "It's against the law. I'm

under sixteen, and you can't make me work unless I'm willin' and get a permit. I ain't willin', and if you make me do it I'll tell the police on you." Here are the elements of a tragedy.—N. Y. Times.



# The Hospital Review

### A Layman's View of Hospital Work.\*

J. Ross Robertson.

Chairman of the Board of Trustees, Hospital for Sick Children, Toronto, Canada.

To make this paper of mine acceptable and interesting to you men and women, who, day in and day out, year after year, are devoting your lives to the care of those who, stricken with sickness, lie in the beds and cots of hospitals of this Western sphere—has given me more thought than any paper I have ever tried to prepare for any association that I have ever been connected with.

Brevity of speech is one of the verbal virtues, and there is no reason why that selfsame virtue should not be displayed in the preparation of a paper that proposes to give you "A Layman's View of Hospital Work."

This suggestion is pertinent, for I would not have you think that you are to be wearied with a long story, and yet I shall try to interest you.

It occurs to me that the handling of this subject could have been made much more attractive to you, if the pen had been in the hand of some other narrator, whose experience was more varied, and who in his knowledge of detail might stand a closer cross-examination than I can with my limited knowledge.

Thousands of laymen in business vocations all over the world have side lines of activity that afford them relaxation and pleasure.

Some indulge in agriculture, and a model farm and a prize herd of Jerseys is the goal of their ambition.

Others write books, and our American friend, Carnegie, has produced most readable volumes.

Not a few delight to follow the drumbeat of the militia, while many are fond of art, bric-a-brac, china and old brass.

A host indulge in politics, and a select and happy few of that galaxy become statesmen.

\*Abstracts of paper read at annual meeting American Hospital Association, Sept. 29-Oct. 2, 1908 An odd one here and there tries his luck in the pulpit, while an army are to be found in the battalions who do good work as class leaders in the churches that owe their origin to the inspiration of good old John Wesley.

Last, but not least, is the phalanx of laymen who shut not their purse strings, but try the luxury of doing good, who found, who build and who take part in the management of the great houses of God's mercy—the hospitals, large and small, for adults and for children, that are planted all over this continent.

For the past thirty years I have been interested, more or less—more, generally—in hospital work, and I am bound to say that, other than the work of running a daily newspaper, with its constitutional and chronic worries, that are sometimes accentuated with visits from the process server with writs for libel, hospital work gets closer to my human side, and affords me more pleasure, even if the bank balance does shrink, than any other form of relaxation I have been able to select.

Some people may ask why should a layman be interested in hospital work? One need not go far afield for an answer. It's a humane work—a work of charity, a work that commends itself to what is best in human nature.

During the past thirty years I have every year visited Great Britain and the continent of Europe, and nearly every State of the American Union. During these visits, interested as I am in hospital work in this city of my birth, I naturally felt interested in this work in other cities.

My visits were not inspired by curiosity. My idea was to gather knowledge, so that the particular class of work which I had at heart might be benefited.

When I tell you that these visits covered not only close inspection of the work, but heart to heart talks with the Superintendents, Lady Superintendents and Matrons of all the principal hospitals for adults in large cities of Europe, Great Britain and Ireland and the United States, and in every Hospital for Sick

Children in the same area, I think you will admit that my mileage ought to have been given me—an experience in the line of information-getting that should have availed to advantage to the institution that I am connected with, and so it did.

I of course took it for granted that in all these great hospitals good wark was being done in the surgical and medical departments by the skilled men who were in charge. Of surgery and medicine I know nothing, and this paper concerns only the business end of the work that is in your care and mine.

It struck me during my tours that in Great Britain, Ireland and the United States and Canada, the layman plays a most important part.

The largest and best hospitals in Great Britain owe their foundation and construction to the energy, enterprise and philanthropy of laymen—investments that total up milions and millions of pounds in sterling money, either left by bequest or paid during the lifetime for palatial edifices to shelter the sick and afflicted—all from the pockets of laymen.

Hospitals may be dependent for support in part from Governments and from municipalities, or from voluntary contributions, but in the final analysis the layman pays the bill, and be it said, as a general rule, he does it ungrudgingly.

Hospital construction and reconstruction is going on all over the British Empire, its colonies and in the United States of America. These buildings are constructed largely by the contributions of laymen.

Hospitals have to be maintained. It is a comparatively easy matter to build a hospital. The maintenance is a horse of another color. Appeals have to be made to the public. The Provincial Governments in Canada do their share, and pay a per head per day rate, and so do some of the corporations that govern cities, but the deficits—and deficits are inevitable—have to be made up by the layman.

The management of hospitals, and how to make such management effective, is a problem that has in a way yet to be solved.

My information and my experience point in the direction of small Boards of Management. Given a first-class Superintendent, man or woman, to look after the work in the surgical and medical sides; a Lady Superintendent for the Training School for Nurses—if there be one—and a manager to cover the business end—all these under a small Board of four or five Trustees who are interested in the work, should suffice for the management of any hospital on this continent.

Some people think that the business end of a hospital's work should be managed by a business man who is not a medical man, and I share this opinion; but I am at the same time bound to admit that I have the pleasure of knowing quite a number of medical men who manage both the medical and the business end in hospitals in the United States and Britain, and their work in management cannot be excelled.

Hospitals with large Boards of Management made, up of representatives of municipalities and institutions either directly or indirectly affiliated in the hospital's work, do not seem to pursue the even tenor of the way that should be followed by organizations of that kind.

The composition of Boards of Management is open to criticism. Citizens are appointed who have little or no interest in hospital work. They put in an appearance during the primal stages of their careers on the Board, after which their interest wanes, and they are never in evidence unless some friend wants a position, and then they are sure to be on hand to cast their votes.

The fact is that they obtain positions on the Board because they are prominent citizens, prominent, perhaps, because they have more figures at the balance of their bank account than ordinary people, or because of their political affiliations, they like to see their names in cold type in hospital literature, so that they may be known to the public as prize medal philanthropists.

On the other hand, there are Trustees who are always on the job. Some have sense enough to act as Trustees should act, and if they have to criticize the work they do so to those who are in official charge.

Other Trustees, however, undertake to regulate everybody in the institution, from the General Superintendent down to the genial and hardworking domestic who struggles with the scrub brush on the floor of the outdoor department.

The latter variety of Trustee fortunately does not often get into the forefront, but

when he does get in his deadly work he creates friction that leads occasionally to the resignation of the entire staff, and leaves the institution in such a chaotic state that recuperation and convalescence absorbs months and sometimes years of time.

There should be no interference by a lay Board with the work of the medical staff, and likewise there should be no interference by the medical staff with the business management of the hospital. There is a proper way of adjusting difficulties, and so avoiding friction. Whatever is wrong can readily be righted when the entire facts are laid before the Board or Committee of Management. Cases can be cited in Great Britain and on this continent where this clashing of interests has led to disaster. Small Boards and competent subordinates in management have worked out best in hospital work.

The desirability of reducing the number of the medical and surgical service in hospitals prevails to-day to a greater extent than ever before. It promises to result in the concentration of responsibility and unity of effort.

Of course, it is a difficult matter in some hospitals to reach the point, but the day may come when a single service in each department with a head and competent subordinates may be attained.

Distinguished professional men, such as Dr. Mayo, of Rochester, and Ochsner, of Chicago, advocate this principle, and it is their opinion as a result of their experience in examining the systems and workings of the principal hospitals of the world.

Boards of Management composed of laymen favor to-day, more than ever, the adoption of this principle to a greater or less extent.

The institution with which I am connected introduced this system in Canada, and it has been adopted with success in other hospitals of the Dominion.

A small percentage of the public are under the impression that when they enter the pay ward of a hospital the fee for lodging and maintenance covers the charge for treatment. They apparently forget that the physicians and surgeons give their services free to those who cannot afford to pay—so that those who can pay must pay. The hospital is not a pauperizing institution.

The outdoor department of a hospital is always more or less a source of trouble, in that care has to be exercised in regard to those who should receive free treatment. My experience is, after years of careful watching, that if proper means are adopted nearly all cases of imposition can be detected.

A hospital for the sick poor should not have private or semi-private wards unless there is a distinct separation between the funds subscribed for philanthropic objects by the public and the more or less revenue-producing wards of the hospital. The want of money for maintenance naturally drives hospital managers to the installation of private and semi-private wards as expedients for raising funds to carry on the work.

I suppose that till the happy time arrives when hospitals will have ample balances on the credit side of their bank account, the installation of private and semi-private wards will continue.

The great hospitals of London, such as St. Bartholomew's, Guy's, St. Thomas, East London and University College, have no private wards. St. Thomas has, however, a private building for private cases entirely separate and distinct from its general work. Of course, there are in London many nursing homes, as they are called, that supply the places of the private wards in hospital work.

Annual reports of public institutions may be included in the lists of late publications, but notwithstanding the interesting topics therein discussed, hospital literature, be it said with regret, is not sought after by those who look for popular reading at the counters of circulating libraries.

It struck me ten years ago that the driest and most uninteresting reading was our annual report. The subject matter was all right, but it did not seem to be placed before the public in proper form.

So I commenced to illustrate our reports. I got away from the stereotyped official expressions that such reports are generally loaded up with, and instead of the report reading like "the minutes of the previous meeting," I told all about our work in story form.

I sub-headed the reports according to subjects. I used a good calendered paper and called to my aid the photographer and the engraver. I gave in half-tones the actual daily life in the wards. I exemplified our work in the orthopedic branch by ordering that every case of clubbed feet, in fact, every surgical case that could be photographed, should be so done.

I photographed every case the day it entered and the day it was discharged. I half-toned these photos, one of which showed the crippled boy when he was admitted to the hospital, and another when his deformity was corrected.

The publication of these photos of "Before and After" the operation were admirable exemplification of our work—a first-class object lesson that brought coin to our coffers, for the public realized just the great amount of good we were doing. I followed this "Before and After" idea up in cases of bow legs and knock knees, and also in every case of hare-lip that had successful results.

The daily life in our wards-the nurses moving about from bed to bed-the children at their games-all had to answer the call of the camera. All material was made avilable for illustration, even the taking of a swab and its progress through the culture tube, the incubator, on the slide, with the stain and under the micro; a plaster jacket in all its stages; the search for the nickel in the gullet of some youngster who swallowed the coin instead of buying the candy; a needle from its point of entry, and its travels till located by the X-Ray -all these are brought to the public eye through our fifty-six page report. We publish 12,000 of these, one for every donor; and we also issue a booklet of 24 pages with our larger report, condensed in paragraph form, and interspersed with small half-tones. these we send out 225,000 copies.

We advertise, and, what is more, pay for advertisements in the Toronto daily papers, and all this literature we send out just before Christmas is at a cost for postage of about \$2,500, and when we count our cash about the first of March we generally average about \$30,000 as the result of our appeal.

During the past thirty years hundreds of thousands of dollars have been received from voluntary contributions by the Hospital for Sick Children.

A general impression prevails that the money for the support of the hospital comes from the pocket of the wealthy. Now, an intimate knowledge of the sources that sustain our work shows that we receive the dollars and dimes of the many rather than the donations of the few.

Of course, there are noble and notable exceptions—one at least in our history aided us with a gift of \$10,000, the largest the hospital ever received from one individual benefactor in his lifetime. The experience of one other Canadian city differs, and your experience in American cities may differ from ours.

Our experience is that the millionaire and his money are not soon parted, when the hospital has no other security to offer than that inventoried in the words of Holy Writ: "He that giveth to the poor lendeth to the Lord."

In all hospitals where there are training schools for nurses, the management of these schools is, as you all know, in charge of a lady superintendent.

It has often occurred to me that these women who hold such responsible positions do not get, in some cases, the cheerful consideration they should get from medical superintendents and Boards of Trustees.

In fact, I know of cases in parts of this continent where, to use a familiar expression, the lady superintendent has "a hard time." I have had the pleasure of meeting the lady superintendents of the continent in the annual meetings of their association, and in very many of the hospitals in which they are engaged in their work of training and caring for the nurses of their schools. My opinion is that no class of women engaged in hospital work deserve more kindly treatment and encouragement than they do.

The housing of nurses is a feature that deserves far more attention than it gets to-day from hospital managers all over the world.

My visits to hospitals during the past thirty years have shown me that in scores and scores of institutions on both sides of the Atlantic the care of the nurse is only a minor consideration.

True, in some of our large cities of this continent and of Great Britain, conditions have moterially improved, and there are perhaps fifteen or twenty residences that are models in comfort and sanitary equipment.

These young women deserve the best consideration. They come to us in good health, and should leave us on graduation in undiminished health. I have seen residences, or rather accommodation for nurses, in some parts of the United States, yes, in Great Britain, the condition of which is a serious

reflection upon Boards of Trustees and Managers.

A hospital is a place where health should be preserved as well as being restored. There should not be one principle for the wards and another for the nurses' residence. Most nurses don't get sufficient rest. Their labor is too continuous and severe.

Be it said that the hands of many Lady Superintendents of Training Schools are tied in their efforts to get proper accommodation for the nurses. The appeal of the Superintendent for better accommodation is made to the Trustees. The appeal gets to their board room table, and either gets into the file box or into the waste paper basket.

The selection of resident physicians—I mean the fourth and fifth year youngsters who have to put in their full year at hospital work before they can have "M.D." upon their door plate—is very important. It is a difficult matter to pick out of thirty or forty applicants just the four or five that will fill the position satisfactorily. It is comparatively easy to find their status during their school life, but because they are good men—yes, even honor men—it does not follow that they are suitable for resident positions in hospitals.

The feelings of not only Medical Superintendents but Lady Superintendents should be consulted. Table manners and general deportment may not be on the curriculum of medical colleges, but they are not a negligible quality in hospital life and administration. A careful scrutiny into personal habits and conduct should be exercised before the residents are introduced into hospital life.

When they are selected they should have proper accommodation, and made comfortable for their work. Their duties are onerous, and in food and lodging they should be under the best conditions. Every man should have a separate room—if possible, a bedroom, sitting room and bathroom. The want of space in older hospitals makes it difficult to effectively carry out the accommodation suggested.

The perfection of comfort for resident physicians is to be found in the Western Infirmary in Glasgow, where a small bedroom, with a small sitting room and bathroom attached, is provided for each resident.

It may be difficult to provide this accommodation in older hospitals, but in those now being constructed on this continent it would be a simple matter, and not so very expensive.

May I, in conclusion, express the hope that my good intentions and earnestness will not lead any of you ladies or gentlemen to assume that I regard myself as an oracle in hospital management.

It was the custom in my early days as a printer fifty years ago to ask the "devil" at the close of his first day of apprenticeship one question, and that question was: "Are you sorry you learned the printing business?"

It is just as impossible for a grown man to learn the hospital business in the years I have given to the work as it was for the boy to learn to master the secret of "the art preservative" on the first day of his apprenticeship.

I have not learned the hospital business, but I am not sorry I tried to learn the mysteries of your work and mine.

We are all of us soldiers, not conscripts, but volunteers in the armies that keep step in the great march of mercy.

I am glad to be with you in this great council of war, where we meet as Americans and Britishers, each separated in allegiance to the ensign of our affection, but united in loyally to the humanity which is above all nations.

## Medical Day in Philadelphia.

Dr. J. V. Shoemaker submitted the report of the Medical Day Committee on Institutions, Colleges and Hospitals at Medical Day meeting of Founders' Week, held in the Walnut Street Theatre, October 8. The theatre was crowded with medical men of Philadelphia and other cities.

Dr. Shoemaker called attention to the fact that Philadelphia was the first home of a hospital. The first medical college, the first pharmaceutical college, the first medical association, the first journal of pharmacy and the first medical literature all came into their American being in Philadelphia.

The largest and best equipped laboratories for medical, chemical and bacteriological research in all the world are now in Philadelphia. London alone exceeds Philadelphia among all the cities in the world in hospital capacity, but in equipment, in treatment, in provisions for sanitation, and antisepsis, and in all the requisites of the modern hospital, Philadelphia is not only unexcelled, but is unequalled.

The speaker referred to the new volume,

Handbook of Hospitals, concerning the scientific institutions, colleges and hospitals of Philadelphia, and said that the great work, which will include a complete history of all the institutions of Philadelphia, with that of the men who made them, will be issued soon.

This work was the subject of a report submitted by Dr. Charles K. Mills and Dr. Frederick P. Henry. Professor J. P. Remington presented the report of the committee on historical exhibit, and said that the exhibit upon the fourth floor of City Hall contains a complete collection of all the records of the various institutions of the city from the very beginning.

Dr. L. Webster Fox, chairman of the committee on Medical Day, submitted his report with an interesting address on the reunion in which the assemblage was participating.

Professor George A. Piersol, of the University of Pennsylvania, delivered an address upon "The Medical Colleges and Allied Institutions," and Dr. J. Solis Cohen spoke on "The Great Teachers of Philadelphia."

Dr. James M. Anders talked on the "Development of Practical Medicine in Philadelphia." After pointing out that we of the present day must feel devoutly thankful to the founders of medical science in Philadelphia—to Kearsley, Cadwalader, the Bonds, the elder Shippen, Morgan, Jones, Rush, Gerhard and many others, whose enterprise was not guided and assisted by well-equipped laboratories and overfilled hospital wards—he continued:

"The first representative of the medical profession, so far as is known, was Jan Petersen, a barber, of Alfendolft, who was surgeon to one of the Swedish colonies on the Delaware at a salary of ten guilders a month, beginning July 10, 1638.

"The Swedes were a simple people, but the colony brought by Penn was made up of the best of British. To the standard set by the Welsh Quaker doctors who accompanied the colonists is largely due the advanced professional position taken by Philadelphia in its incipiency.

"In 1699 the city suffered an epidemic of yellow fever, and about 220 deaths occurred. In the following year, when Philadelphia had

about 700 houses in the neighborhood of the Delaware wharf, the first quarantine law was passed. It was as quarantine physician that Dr. Thomas Graeme served the city more or less constantly during forty years.

"During the next decade a number of men destined to fame in the annals of Philadelphia medicine rose slowly above the horizon. Some of these had been apprentices of John Kearsley; others occasionally attendants at his lectures, and several, although later, went abroad to amplify their medical knowledge."

Among the latter much credit was given by Dr. Anders to Lloyd Zachary, Phineas Bond, Thomas Bond, Cadwalader, William Shippen, Jr., and Morgan, for bringing about the more important earlier advances in practical medicine in Philadelphia.

Thus, Thomas Bond was the first to recognize the advantages of the institution method of treating diseases, and the first to found a hospital, namely, the Pennsylvania Hospital, at Eighth and Spruce streets, while it was reserved for Morgan to found the first school in America devoted to the teaching of medicine, the medical department of the University of Pennsylvania.

Philadelphia was also the home of the first specialties in America, such as surgery and obstetrics.

"During the Civil War," Dr. Anders said, "the largest of all military hospitals was situated here at about what is now Forty-fourth street and Osage avenue, West Philadelphia. It should be pointed out that the first organization of women as nurses for the military hospitals was in Philadelphia in 1861, and was known as the Philadelphia Nurses' Corps.

"It should be our pride that in the tuberculosis crusade Philadelphia leads all cities of the Union. The magnificent accomplishments of the Phipps Institute, aided by the health departments of the state and city, as well as by the Pennsylvania Society for the Prevention of Tuberculosis, make a most impressive showing in humanity's fight against this dread disease. Moreover, there are signs of a public awakening to the possibility of a successful advance upon the great white plague, both toward prevention and cure."

# In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

### Graduate Nurses' Association of Conn.

In this, its fourth annual report, The Graduate Nurses' Association of Connecticut reviews a year of comparative quiescence. The primary object of the Association, defined in its constitution as "The Advancement of the Educational Standard of Nursing," of which the securing of State Registration was but an initial step, is the work now before the Association.

Less spectacular in its form and apparently of less vital interest to the individual nurse, the keen, alert, active interest of the early years has somewhat abated. The need of this interest and of sufficient funds to carry on the important work of standardizing the Training Schools of the State is a handicap which the ensuing year should see removed. Keen, active, individual interest and a doubled membership is necessary for the work which shall make R. N. worth while.

The regular meetings of the Association have been held in Waterbury, New Haven, Danbury, and the Fifth Annual in Bridgeport. The programmes have consisted of papers on "What Constitutes a Good Private Nurse," "Progress in State Registration," with address by Miss Jane E. Hitchcock, of New York; "District and Visiting Nursing" and "Training School Methods in the 80's, 90's and To-day."

The Executive Board has held four meetings for the transaction of general business and the arrangement of programmes.

The Association has fulfilled its pledge of \$150 to the endowment fund of the Chair of Hospital Economics at Columbia University.

The Association was represented by a delegate at the annual convention of The Associated Alumnæ of the United States at San Francisco.

The present membership of the Association is 276, a decrease of eleven from the reported membership of last year. No resignations have been handed in, but the names of some who had registered as charter members, but had never paid fees or dues were necessarily stricken from the books.

Over fifteen hundred pieces of mail have been sent out by the secretary, consisting of the annual reports, the circular letter to the registered nurses of the State regarding the Hospital Economic Fund, the ballots, the programmes of annual meeting and the notice cards of the quarterly meeting; besides the incident correspondence of the Association.

Forty-three of the circular letters sent to registered nurses, and twenty-four of the ballots with notice of annual meeting sent to Association members were returned to the secretary because of incorrect address.

MARGARET GALLAGHER, R. N., Recording Secretary.

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# Graduate Nurses' Association of Pennsyl-

The sixth annual meeting of the Graduate Nurses' Association of Pennsylvania was held at Philadelphia, Pa., October 14, 15, 16, 1908, with the following programme: Wednesday, 2 P. M., Rev. Thomas R. Turnbull, D. D.; His Honor the Mayor John Reyburn; Director of Department of Charities and Health Dr. Joseph S. Neff; address, Dr. Edward P. Davis; address, Miss Roberta M. West, president. Order of business. From 5 to 7 P. M., tea at Medico-Chirurgical Hospital.

Thursday, October 15, 10 A. M.—Subject: State Registration, Dr. Alice Seabrook. Lunch at 12:15 in the building. At 1:30 P. M., address, Dr. Alfred Stengel; address, Dr. Charles W. Dulles; address, Dr. M. Howard Fussell; address, Dr. Baldy. Evening at 7:30, address, Dr. W. W. Rodman; address, Dr. William E. Hughes; address, Dr. J. Chalmers Da Costa.

Friday, October 16—Papers: Work in Public Schools, Miss Anna L. Stanley; paper, Tubercular Dispensary Work, Miss Frances Hostetter; addresses, Mr. John F. Muckle, Mr. Sleinman, Red Cross Society. Election of officers. 2 P. M., unfinished business. Official report in next number.

## Michigan State Nurses' Association.

The Michigan State Nurses' Association, at its annual meeting, held in Ludington, June 30 and July 1 and 2, had presented the following resolution, which was unanimously adopted:

Resolved, That a letter be sent to the officers of the Michigan Society for the Study and Prevention of Tuberculosis, expressing the interest of the Association in the work they are undertaking, pledging its help to secure members and its aid to make the Michigan exhibit at the International Congress in Washington a success.

This resolution was engrossed and sent to Dr. A. S. Warthin to be made a part of the State anti-tuberculosis exhibit.

The Executive Board, at its meeting, held September 2, voted to send fifteen dollars to help defray the expenses of this exhibit.

## Nurses' Examining Board.

The Nurses' Examining Board of the District of Columbia will hold examination of applicants November 16, 1908, at Garfield Hospital, from 9 a.m. until 4 p.m. All applications must be in by November 1.

# New York City.

The next regular meeting of the Association of Graduate Nurses of Manhattan and Bronx will be held at No. 228 West Fiftyeighth street, Monday afternoon, November 9, at 4:30 o'clock.

The New York City Training School for Nurses, Blackwell's Island, held graduating exercises October 17 at 4 p. m.

# Camp Roosevelt.

The next meeting of Camp Roosevelt will be held on Wednesday, November 4, at No. 596 Lexington avenue, from 2:30 to 5. All Spanish-American war nurses are cordially invited to attend.

# Niagara Falls, N. Y.

The new wing to the Niagara Falls Memorial Hospital was formally dedicated and graduating exercises of the training school for nurses were held on the evening of September 17.

The nurses graduated were Miss Marcella MacDonnell, Mrs. Marie Wilson, Miss Blanche Robinson and Miss Minnie Mingay. Miss Mingay was not in attendance, heing ill with typhoid fever.

# Buffalo, N. Y.

The graduating exercises of the Woman's Hospital Training School for Nurses were held at the Women's Union Hall, Friday, September 18, at 8:15 p. m., with the following programme: Opening address, Rev. Leon O. Williams; vocal selection, Mrs. E. A. Southall; monologue, Mrs. John F. Lewis; vocal selection, Dr. F. C. Busch; presentation of diplomas, Dr. E. P. Lathrop; reception; dancing.

The graduates are Clara M. Berry, Elizabeth Welsch, Lillie May Weinland, Mary Elizabeth Walker, Margaret A. Strycker, Margaret N. Hennesy, Jane A. Cutler.

# Paterson, N. J.

The alumnae of the Paterson General Hospital, held its monthly meeting Tuesday, October 6, which proved very interesting, a large number of the members being present. After business was attended to a pleasant social hour followed, refreshments being served by the committee appointed for that purpose.

# Philadelphia, Pa.

The graduating exercises of the Training School for Nurses at St. Luke's Homeopathic Hospital were held at St. Paul's Reformed Episcopal Church, Broad and Venango streets, September 29. The graduates are Elsie May Wise, Pottstown, Pa.; Emma Jean Rhodes, Fulton House, Pa., and Marion Adelaide Roberts and Elizabeth Wilhelm, Philadelphia. The programme follows:

Organ solo, William H. H. Fritz, M. D.; prayer, the Rev. Charles Holman, D. D., Eleventh Baptist Church; solo carmena, Lois V. E. Calvert; greeting, Desiderio Roman, M. D., surgeon, St. Luke's Hospital; the Rev. Charles Coleman, D. D.; organ solo, William H. H. Fritz, M. D.; awarding of diplomas, Harry K. Mansfield, M. D., visiting physician, St. Luke's Hospital; presentation of

class pins, Miss Agnes H. Reid, chief nurse, St. Luke's Hospital; address, Weston D. Bayley, M. D., consultant, St. Luke's Hospital; solo, "A Rural Song," Lois V. E. Calvert; benediction.

The graduate exercises of the St. Agnes Hospital Training School for Nurses, Philadelphia, were held in the Study Hall of the hospital, September 24, 1908. The afternoon's programme was opened with a prayer and address by the Rev. G. J. Nusstein, C. ss. R. Diplomas were conferred by Dr. A. O. J. Kelly, chairman of the Training School Com-Medals were presented by Sister mittee. Mary Borromeo, O. S. F., Superior of the hospital. The graduates were Sister Doretta, O. S. F.: Helen A. MacFeeley, Camden, N. J.; Marie P. Connolly, Towanda, Pa.; Mary A. Kelly, Philadelphia; James W. Mc-Monagle, Philadelphia; Anna E. Wolford, Hanover, Pa., and Rose A. Dorrian, Philadel-SISTER M. MAURA, phia.

Head Nurse.

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### Warren, Pa.

The graduating exercises of the class of '08 of the State Hospital Training School were held in the chapel of the hospital, Thursday evening, September 17. Promptly at 8 p. m. the class were ushered to their seats on the platform and the exercises were begun, the order of which was as follows:

Invocation by Rev. H. M. Conaway.
Songs by Mr. Chrystal Brown.
Address to class by Dr. Frank Woodbury,
Philadelphia, Secretary of Committee on
Lunacy.

Songs by Mr. Chrystal Brown.

Conferring of Diplomas by Dr. Mary C.

Conant, Director of Training School.

Presentation of School Pins by Miss Edith

Chaffee, Principal of Training School.

Songs by Mr. Chrystal Brown.

At the close of the exercises a reception was given to the class and their friends by the trustees and Dr. and Mrs. M. S. Guth.

The closing feature of the evening was the opening of the Nurses' Home for inspection to the guests of the evening.

The chapel and Nurses' Home were simply but prettily decorated with flowers and school colors—blue and gold. The class motto: "No one is useless who lightens another's burden" was a pleasing feature of the decorations. The members of the class on whom were conferred diplomas were Emma M. Salsgiver, Anna J. Reinsel, Margaret H. Leigh, Gertrude L. Campbell, Ruth M. Nelson, Dorothea V. Bole and Fred Healy and John A. Morgan.

On September 9 the class of '08 of the Training School of State Hospital were entertained at dinner in Hotel Adams, Russell, by the Alumnae Association. The diningroom was tastefully decorated with flowers and ribbons of school colors (blue and gold). Miss Harriet H. Baird, on behalf of the Association addressed the class in a few well chosen words congratulating them on the completion of their school work and welcoming them to the ranks of the alumnae, to which Miss Emma M. Salsgiver, class president, most fittingly responded.

Twenty-two guests participated in the festivities of the evening, which included a reception in the parlors and a trolley ride of some miles to and from the hotel. The occasion was one of thorough enjoyment, and will be pleasantly remembered by the class and their entertainers.



### Des Moines, Iowa.

Mercy Hospital Training School for Nurses, Des Moines, Ia., held its annual commencement exercises at Y. M. C. A. auditorium Monday evening, October 5. The graduates were Catherine Kellin, Ellen Sullivan, Mary Flynn, Leonora McNerney, Josephine Herman, Anna Daily, Lucretia Hayes, Anna Houlihan, Della D. Darling, Estella Cronin, Mary Cronin, Edith McCoy, Elizabeth Marsh, Inez Millen, Nellie Overbaugh.



### Canton, Ohio.

Steps were taken at a meeting of Canton nurses for the organization of a Canton association of graduate nurses, the membership of which is to be open to any Cantonian who is a graduate of a nurses' training school, whether in or out of the city. A committee of five nurses, with Miss Buchman, chairman, was appointed to draft a constitution and by-laws for the proposed association.

The meeting held at the home of Miss Cora Rackle, Summit street, was called under the auspices of the alumnæ association of Aultman hospital nurses, but an invitation was extended to graduates of other schools. It was decided that no delegate would be sent to the convention of the Ohio State Graduate Association of Nurses, but any nurse who finds it possible is urged to attend

# Muskegon, Mich.

The first annual commencement of the Hackley Hospital Training School for Nurses was held at the Woman's Club Building, Muskegon, Michigan, on the evening of September 16, 1908. Two nurses were graduated, Miss Anna A. Ewing, Lansing, Michigan, and Miss Sylvia Maude Erb, North Branch, Michigan.

The addresses to the nurses were made by the Rev. A. Hadden and Dr. John Vanderlaan and by Miss Linda Richards, superintendent of nurses, Michigan Asylum for the Insane, Kalamazoo, Michigan, who also administered the Modified Hippocratic Oath to the graduating class. The exercises were followed by a reception and dancing.

# Navy Nurses.

The following nurses have been appointed to the new female nurse corps of the navy: Elizabeth J. Wells, Garfield Memorial Hospital, Washington, D. C.

Elisabeth Leonhardt, Protestant Episcopal Training School, Philadelphia, Pa.

Clare L. De Ceu, Buffalo General Hospital Training School.

Ada M. Pendleton, Garfield Memorial Hospital, Washington, D. C.

Mary H. Du Bose, Lane Hospital, San Francisco, Cal.

M. Estelle Hine, Northwestern Hospital Training School, Minneapolis, Minn. Exarmy nurse.

Sara M. Cox, ex-army and Spanish War nurse, Boston City Hospital, Boston, Mass.

Florence T. Milburn, Children's Hospital, Boston, Mass., with training at the Massachusetts General and post-graduate training at the Corey Hill Hospital, Boston, Mass.

Lenah H. Higbee, Post-Graduate Training School, New York City, and Bellevue and Allied Hospitals, New York City. J. Beatrice Bowman, Medico-Chirurgical Hospital, Philadelphia, Pa.

Della V. Knight, ex-army nurse, German Hospital, Brooklyn, N. Y.

T. B. Small, Johns Hopkins Hospital, Baltimore, Md.

Elizabeth Hewitt, Spanish War nurse, Columbia and Children's Hospital, Washington. D. C.

The first two for appointment as head nurses will be:

Martha E. Pringle, Protestant Hospital, St. Louis, Mo. Eight years in the Nurse Corps of the United States Army as nurse and head nurse, and Victoria White, St. Luke's Hospital, South Bethlehem, Pa. Miss White has for seventeen years occupied the position of superintendent at the above hospital.

Miss De Ceu and Mrs. Milburn have also occupied positions at the head of hospitals and training schools, and possibly others in the corps. Miss Hewitt for two years filled the position of assistant superintendent at the Children's Hospital, Washington, D. C.

### + Married.

The marriage of Miss Ella Dorothy Gaedka and Mr. J. Heber Duro occurred Tuesday, September 22, at the home of the bride's sister, in Monson, Iowa. The ceremony took place at II o'clock, and was witnessed by the intimate friends only. The bride has been one of the successful graduate nurses of Des Moines, receiving her training in the Mercy Hospital Training School at that place. Mr. Duro is a prominent young business man, the vice-president of the Blount Coal Company. Mr. and Mrs. Duro came at once to Des Moines and were guests of honor at a dinner given by Mrs. W. C. Beans at her home, No. 1.544 Sixteenth street. A reception to their friends followed, after which the couple went to their home on Forest avenue, where they will immediately go to housekeeping, being at home to friends October 15.

At Norwich, Connecticut, Tuesday, September 29, Elizabeth May Russ to Mr. George Ephraim Prentice. Miss Russ is a graduate '05 of the W. W. Backus Hospital, at Norwich. Mr. and Mrs. Prentice departed at once on an extended automobile tour, after which they will reside in Danielson, Connecticut, where Mr. Prentice is engaged in business.

The marriage of Dr. Charles Edward Doerr, of the Reserve Corps of the United States Army, and Miss Sarah Elizabeth Allison, of Ludlow, was solemnized at the home of the bride October 2. The wedding was expected to take place later, but was hastened by an order directing the doctor to report in Washington at once. This was the culmination of a romance which began in the Cincinnati City Hospital, where the bride was a nurse and the bridegroom was an interne.

Dr. J. W. Devine, a well-known physician, and Miss Bessie Files, of Augusta County, Va., were married October 6 at Clifton Forge, Va., Rev. Father Payne officiating. The bride has been a trained nurse at the Home and Retreat, Lynchburg, Va., having graduated a few months ago.

# Personal.

Miss Cora Kromer, of Sandusky, Ohio, has accepted a position as head nurse of the W. W. Backus Hospital, Norwich, Connecticut. Miss Kromer graduated from the Backus Hospital in 1905.

Miss Anna E. Laughlin, former clinic nurse of Jefferson Medical College Hospital, Philadelphia, Pa., has accepted the position as directress of training school for nurses of same institution.

Miss Esther Albright, Homeopathic Nurses' Training School, Iowa State University, class of '08, is taking an extended vacation and well-earned rest at the home of her parents in Gaza, Iowa.

Miss Margaret M. Earl, a graduate of the Michigan University Hospital Nurses' Training School, has been appointed and entered upon her duties as superintendent of the Homeopathic Hospital Training School of Iowa City. Iowa.

The many friends of Miss Jessie E. Catton, who was up to about a year ago matron and superintendent of the training school of the Springfield Hospital, Mass., will be pleased to know that she is to return to that institution in the capacity of superintendent. Miss Catton was last year given leave of absence, and has spent the time since she left the city in

fitting herself for advanced work in her profession. She spent part of the year in taking an advanced course in hospital economies at Columbia and has since been studying the methods of the larger New York and Chicago hospitals. Miss Catton will bring to the Springfield Hospital much that will be of special value.

Miss Effie Hutchinson, of Stouffville, Ontario, Canada, formerly superintendent of Idaho Falls Hospital, Idaho, has taken a position at St. Peter's Hospital, Helena, Montana.

Miss Etta E. Cook, formerly of Springfield, Massachusetts, is now chief nurse at the County Farm Hospital at Helena, Montana.

Mrs. J. E. Root, nee Miss Elsie S. Richtes, of the '03 class St. Luke's Hospital, Philadelphia, Pa., has moved from Arizona to Cincinnati, Ohio, where Mr. Root has accepted a position as instructor of the University of Cincinnati.

Miss Minnie Lycan has been appointed assistant superintendent of hospital and nurses, City Hospital, Springfield, Ohio.

Miss Elizabeth E. Davis, a graduate of the Massachusetts General Hospital, has been appointed superintendent of the Home Hospital, Lafayette, Indiana.

Miss Helen Biggert, of Berlin, Wisconsin, has been appointed superintendent of the L. L. Culver Hospital, Indiana. Miss Biggert is a graduate of the Illinois Training School for Nurses.

Miss Emily R. Dendy, of Richmond County, Georgia, was appointed by Governor Smith as a member of the State examining board of trained nurses to fill the vacancy caused by the expiration of the term of Miss Mary Campbell, of Macon. Miss Dendy will serve three years from September 23.

Miss Alice Kemmer, an ex-army nurse, has returned to her home in Lima, Ohio, where she is the recipient of many social attentions. Miss Kemmer has nursed in Cuba, the Philippines, China and Japan.



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"Benger's Food has by its excellence, established a reputation of its own." The Lancet speaks of

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BENGER'S FOOD is a valuable addition to a milk diet. It is a farinaceous food containing the enzymes, Amylopsin and Trypsin. These convert the starch of the food into sugars and part of the casein of the milk into soluble peptones, the balance of the casein being so broken up as to precipitate in fine floculae as in human milk.

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Broadway, New York

### Obituary.

Died at the Brattleboro Memorial Hospital, Brattleboro, Vt., September 22, of neuritis, Sara R. Langstrom, aged forty-eight years, widow of the late Charles Langstrom.

Mrs. Langstrom was a native of Greenwich, N. J. She was married at the age of sixteen years, and her husband being a mariner, the earlier part of her married life was spent on shipboard.

In the year 1893 she entered the Lynn Hospital Training School for Nurses, Lynn, Mass., and graduated in 1895, and then had charge of the Lynn Contagious Hospital, about one year. In the Summer of 1898, entered the army, serving at Montauk and Chickamauga. After her service in the army she did private nursing in Lynn and vacinity, also spent several months in The Lynn Hospital. In December, 1904, she went to Ketchikan, Alaska, to take charge of St. John's Hospital, connected with the Episcopal Mission. She was obliged in the Summer of 1007 to give up her work in Alaska on account of failing health, and returned to Lynn, Mass., in the early part of the present year. She was a member of St. Stephen's Episcopal Church, Guild of St. Barnabas, National Order Spanish-American War Nurses, Camp Wolcott, Spanish-American War Nurses of Massachusetts, and the auxiliary of United Spanish War Veterans, Lynn, Mass. Services were held at Rhodes's Chapel, Pine Grove Cemetery, Lynn, Mass., September 25, and the burial service of the auxiliary was observed. The floral offerings were numerous and beautiful, our national and the Spanish colors being used. Mrs. Langstrom was a woman of unusual executive ability, sterling worth and one who was an honor to her profession. In private practice, hospital work, in the wilds of Alaska among the Indians, she was always found at her post of duty, where her genial presence cheered and inspired with hope all who came in contact with her. By her death the nursing profession has lost one whose place it will be hard to fill.

Scarlet fever, contracted while attending to her duties as a nurse in the City Hospital, Newark, N. J., caused the death of Miss Elsie Miller, 22 years old, October 8. She contracted the disease while nursing a patient in the contagious ward, to which she had been assigned.

Death entered St. Vincent's Sanitarium, Sherman, Tex., October 13, and claimed one of its most patient and beloved nurses, Sarah O'Connor, aged 25 years. She had spent the last four years at the sanitarium, coming from Fort Worth to take a course in nursing. She graduated with honors in the class of '07, and had since been a valued member of the regular corps. She had suffered for many months from appendicitis, and underwent an operation recently. None was more gentle and kind nor more efficient than this little nurse. She had two sisters, Mrs. J. W. Muller and Miss O'Connor, residing at Fort Worth, to which city the body was sent for interment.

### Graduate Nurses of Dallas, Texas.

The Graduate Nurses' Association of Dal- tion to meet in Dallas next year was introlas met in the directors' room in the Commercial Club, October 4 Five new members were admitted, making the total membership twenty-six. The session, which was brief, was devoted almost exclusively to the discussion of methods of raising a fund with which to take care of sick nurses.

The question of inviting the State associa-

duced and discussed, but it was decided to ascertain where the funds for entertaining the visitors were to come from before going any further into the subject.

Miss Mary Marr is president of the association, Mrs. H. J. Ripper is corresponding secretary, Miss Mattie Rutledge is vice-president and Miss Louise Lowe is secretary.

(In the Nursing World, Continued on Page 338.)

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Finest Art
and
the
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TOILET AND BATH

# The Editor's Letter-box

### The Trained Attendant.

To the Editor of The Trained Nurse:

I have read a number of articles in our magazine about trained attendants, domestic nurses, and the high price trained nurses charge. I spent three years in hospitals, and have nursed six years since, and in that time have met with trained attendants and domestic nurses, and have heard people of moderate means discuss the subject. The idea seems to be that persons of moderate means want a nurse for \$7 or \$8 a week with experience and training of a trained nurse, and the trained attendants and domestic nurses' idea seems to be to work a year or so and gradually put their price up to \$21. Also nurses who have entered hospitals, stayed two or three months, either been discharged or not able to stand hard work, don the uniform and in short time are receiving \$18 to \$21 a week, and doctors know about it and employ them. They are employed by people as trained nurses, given \$21 without a question, and then, if they commit a great blunder where perhaps a life has to pay the penalty, trained nurses as a body get the blame. One domestic nurse told me she wanted to take a course in a hospital, but a doctor told her she could not stand the life, and he would keep her busy at \$15 a week, and said she would make as much as most trained nurses If trained attendants and domestic nurses would be satisfied with \$7 to \$8 a week and people employing them could know just what they were getting, most any trained nurse would be glad to help a domestic or trained attendant, provided she wanted help. Some I have met thought their way of doing things was much better than ours, and, in fact, thought they could teach us a few things. Perhaps they can, but that attitude would not tend to make a trained nurse want to help one in any way. In regard to price of trained nurses, they get \$21 to \$25 a week for usually twenty-two hours on call out of twenty-four, and as time is reckoned, receives less than a day laborer, with added responsibility thrown in. It seems to me the Albany Guild has settled the question as satisfactorily as any way I know. People of moderate means can employ a nurse or attendant, who, if necessary, can stay all the time she is under a trained nurse's supervision, the trained nurse calling each day to see that she is doing her work properly, and after a certain length of time these attendants are given diplomas. I think the majority of trained nurses would be willing to help the trained attendants and domestic nurses if they would work for moderate price and did their work in the right spirit. Live and let live. There is work enough for all.

A GRADUATE NURSE.

### From Portland, Ore.

To the Editor of The Trained Nurse:

So many things have come to my notice here I'd like to share with you. If only you could climb with me the immense hill to where St. Vincent's Hospital is perched you would be willing, I know, to pause midway and, looking backward, gain strength and courage from the view of those stately, snowcapped mountains away off in the distance. gain the summit did When you entered the spacious hall, was carried by the elevator three flights up, you would then walk down a long corridor, then out and over a long bridge and up some more stairs, and here we are in the new, beautiful home for nurses dedicated June 22, and here June 23 the graduating class was assembled. Dr. Dixon's address on this occasion seemed to me worth repeating. I wish I could send you some of the roses which were there by the thousands, and maybe you would like to take a peep into some of the many gift boxes laid on a table near the platform; and I have no doubt you would enjoy sampling the fine supper after all this gorgeousness, and then standing away up there you would realize why Portland is admired, for, looking away down at her twinkling lights, she seems like an immense jewel.

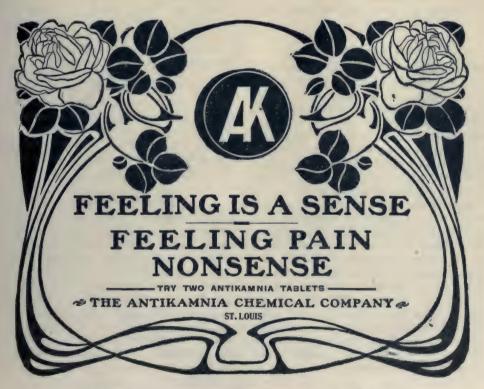
#### FOOD IS THE INCOME

side of the balance sheet. Impending Physical Bankruptcy, during acute disease, must be averted by regular negotiable deposits of sterling eutrophic value.

## Liquid Peptonoids

is physiologically competent, predigested and palatable, immediately available, peptogenic and restorative, either as an Emergency Nutrient during acute illness, or an Auxiliary Reconstructive Tonic during Convalescence. Samples on request.

THE ARLINGTON CHEMICAL COMPANY Yonkers, N. Y.



Some other evening here you might find pleasure in joining me. We must board the trolley car, and mind, you can only ride fifteen miles for five cents; but we will get off ere we reach the end of the line and have a view of the Charles ranch. Mr. Charles is the inventor of the electral thermal garment, a robe which adds the last drop of comfort needed in this perfect clime, for even here sickness will come, and the aged find cool winds and night air undesirable until donning this electric robe. They can then sit on the porch defying chilly breezes and breathing in the sweet fragrance from over one hundred rose bushes of all the varieties known to the present day gardener. Mr. and Mrs. Charles have travelled much, and time spent in their home passes quickly, for true hospitality is shown there; but you must come back with me and see my own ranch. (Oh, no! not the homestead, that must come later). The vards here are so roomy they seem ranches, and I am now in a larger, prettier house than when last I wrote, and you may be certain of a warm welcome awaiting you there if fate or fortune ever brings you this way. Very sincerely,

JEAN S. EDMUNDS.

#### What Are Conventions For,

To the Editor of The Trained Nurse:

In the comment upon my article in September number there seems to be an opinion that I thought all of the papers "dry," and that there must be no time for such practical things as papers on nursing subjects. I hope the public will not think. I am quite such a "rattle brain" as to not know exactly what a "convention" is for. I do, and I realize that the social function is only a "factor," but it's a good one, and one which cannot very well be left out. It seems incredible to one who enjoys the papers, the social functions and, in fact, the conventions, the trip and all the educational advantages it brings to a superintendent on the frontier to read the sneers sent out by other "delegates"; it sort of "riles" my fighting blood, and, like Samantha, I feel like "rizing right up," and I believe all thinking superintendents will agree with me that without the conventions we would never be able to attain any height in our profession, nor would we be able to restrain the ever-ready criticisms of other professions toward ours. While we more or less disagree, we are all working for higher standards, and in the end we will get them through the very channels nurses are criticizing. only regret that the Associated Alumnae turned down what is so-called "Woman's Suffrage." While I do not like the name, I do believe that woman should have equal rights for the same work as man. When I look around me here and see a half-witted negro go to the polls and vote, and a white woman, with a pretty fair average of common sense, cannot vote or have any voice in the political world. I feel that the tradition of the Dark Ages has not altogether been obliterated. Thanking the editor for her courtesy in printing all my clumsy expressions, and for the space she has given, not once, but for many years. I am, respectfully,

J. S. C.

Fort Worth.

#### At the Discretion of the Hospital.

To the Editor of The Trained Nurse:

If a nurse trained in a hospital for eighteen months and left of her own accord would the said hospital allow her to return and finish her training and give her a diploma?

Would any other hospital allow her the time spent in previous training?

INTERESTED INQUIRER.

No one could answer your questions authoritatively but those directly interested, namely the hospital or training school directors. It would be entirely at their discretion.

As a rule a hospital training school does not accept applicants who have partly trained in other institutions.—Ed.

#### Nursing Tuberculosis.

To the Editor of The Trained Nurse:

My experience has shown that of the many nurses trying tubercular work only a few stick to it and become enthusiastic workers. The reason seems to be that so many undertake it as a vacation job, or with the mistaken idea that it is light, easy work. Here and there a fine woman is doing splendid work, and I hope more will. Having taken it up myself with the idea that it was easy, and for this reason suited to my sorely taxed strength, I soon learned otherwise. I have

### When Doctors Meet

When medical confreres meet at the club or elsewhere and have a few moments from the routine of practice, they often exchange ideas and experiences of great value to one another.

A Brooklyn physician remarked the other day:—"Some six or seven years ago I met a colleague on the street cars. He asked me about my health. I said it was good otherwise than that I had headaches constantly, which I failed to account for.

"He asked me if I drank much coffee.

"Then the thought came to me that I was a fool who preached to patients against coffee drinking, yet drank it myself. I discontinued coffee and drank postum and after a week the headaches were all gone.

"Not satisfied I resumed coffee and in about two weeks the headaches returned. To satisfy myself completely, I made the change from coffee to postum and back again, five or six times—always with the returning headache while using coffee; relief when I used postum.

"Then I determined to leave coffee alone and have used postum ever since, with freedom from headache.

"In many diseases coffee produces the most untoward effect. It ruins the heads of high-strung people, and we mig'it look to coffee not only for many 'heart-failures' of our age, but the increase of suicide in our cities.

"Coffee weakens the morals, not so much as opium, which it resembles in many ways, such as its effect on the brain and heart; but if statistics were properly made of coffee drinkers and non-coffee drinkers, they would astonish the world."

Postum is made of clean hard wheat, including the bran-coat with its phosphates (the natural cell-tonic of the cereal); contains no coffee or other harmful matter.

Doctor, if you have not yet received a copy of the new morocco-bound "Clinical Record"—the most useful pocket record for the bedside yet published, send your name to the undersigned.

Also ask for a box of samples of grape-nuts and postum, and same will be gladly sent to you prepaid.

#### POSTUM CEREAL COMPANY, LIMITED, Battle Creek, Michigan.

never regretted the experience, though it cost me a complete breakdown, but when a bit stronger will start in again.

With so much of interest in "The Trained Nurse" to keep my brain in touch with the nursing world, I do not find the enforced side-tracking for repairs cuts me off as much as I feared it would.

E. R.

Syracuse.

#### +

#### Nursing in Colorado.

To the Editor of The Trained Nurse:

Can you tell me whether it would be possible for nurses, graduates of good training schools, to nurse in Colorado as graduates, but not registered nurses, without taking the state examination?

M. R. B.

Section 3 of the Colorado bill states: "Any person from any other state who shall show to the satisfaction of the board that he or she is a trained graduate nurse of a hospital or sanitarium, the standard of instruction and training of which shall meet the requirements of the rules prescribed by said board, may, upon payment of the usual fee therefor, receive a certificate and be registered as a nurse of this state without examination."

Section 4 states: "It shall be unlawful after April, 1906, for any person to practice nursing as a trained graduate or registered nurse without a certificate from the State Board of Nurse Examiners".—Ed.

#### From Oklahoma.

To the Editor of Trained Nurse:

I would like to know if there is any penalty attached to one wearing a red or blue or white cross on a strap around the arm, as I must find some way of identifying myself in a wild country where a nurse's uniaform is unknown, and also as impossible to be worn while travelling, as it would look as much out of place as a decollete gown worn at breakfast.

For instance, going over a mountain trail on horseback with a guide, or going up to some miner's cabin, where it is easier to attend the sick or injured than to bring them down to hospital. Perhaps one passes through groups of rough workingmen, who, if they know you to be a nurse, would respect you, as they do the Catholic sisterhood. A nurse's pin is too tiny, and many cannot read. What does a nurse's pin mean to the Italian or Mexican laborer; and without any badge one simply "looks to be" a new woman coming into a camp, tired, covered with red dust or the white alkali that covers the desert. Sometimes I am sent to an outlying town of a few hundred people, and here are the instructions given me by the registry sending me: Take such a train going north or south, east or west, and go to a certain town, get off, and a man, or perhaps the doctor who lives in that isolated district, will meet you at the train and convey you to the patient. Well, sometimes there is much trouble and loss of time while you are trying to find the waiting man, and he is looking for a nurse, and the travelling dress you wear (as one told me a short time ago) is a complete disguise. He expected, I think, to see a woman dressed like the pictures of hospital nurses that accompany the sample packages of baby food they receive once in a while. I hope I have made myself clear. I am going within the next year to live down in a border town on the desert, between Mexico and Arizona, where there is no resident nurse, and I must have some badge that will identify me some distance away, and I cannot think of changing my whole wearing apparel.

(You would not be liable to fine or arrest for wearing any of the ensignia you mention, but would suggest to you that out of deference to the Red Cross that you do not use its insignia, which is a red cross on a white ground—but that you use either a blue or green cross on a white ground.—Ed.)



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is of unquestioned and unquestionable value as a hemogenic and reconstituent in Anemia, Chlorosis, Bright's Disease, Marasmic states and General Denutrition.

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overshadows almost every other detail in the first twelve months of life. Like a trojan every cell is working away, calling insistently for building material in the shape of proper food—food that will lend itself to easy, appropriate conversion into bone, muscle and special tissue. The almost specific value of

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in overcoming inanition and all forms of infantile malnutrition is due solely to its nutritive or body-building properties and ready digestibility. It is not unusual to observe the most decided improvement in the constructive capacity of an infant's body as soon as its diet is changed to LACTATED INFANT FOOD. The reason is plain, for this food supplies not only the right kind but just the right proportions of material for body-building.

IMPORTANT!

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## Book Reviews

Hygiene for Nurses, Isabel McIsaac, author of "Primary Nursing Technique," graduate of the Illinois Training School for Nurses, formerly superintendent of the Illinois Training School for Nurses, a trustee of Mercy Hospital, Benton Harbor, Michigan. Price, \$1.25. For sale by Lakeside Publishing Company.

It is impossible to state the object of this book better than it is stated in the preface, the first paragraph of which we transcribe literally.

#### "PREFACE FOR TEACHERS."

"The object of this compilation is to secure for the young nurse a textbook on hygiene which shall be practical and within the range of her daily work. The standard works upon the subject are written for medical students and practitioners, and embrace an immense amount of information beyond the comprehension of the young pupil nurse, but which she may read and study with profit when she is ready for it, the writer believing that the first-year nurse should be taught what she can assimilate and use, and not what her teachers may wish her to know on a subject when she graduates."

We also transcribe the last two paragraphs of this preface.

"In the following outline for more advanced pupils the hygiene of venereal diseases has been stated in greater detail than the other subjects, as the topic is one which heretofore has been systematically avoided in most schools for nurses.

"The revelations of the American Society of Sanitary and Moral Prophylaxis have brought teachers of nurses as well as the pupils at large to a strong realizing sense of the need of better instruction to nurses, not only for the protection of their patients, but for themselves."

We are thoroughly in sympathy with this idea, and only regret that Miss McIsaac gives nothing but a list of supplementary work for more advanced pupils, while the book itself contains little or nothing on this subject, which if so important to the advanced

pupil should at least be introduced to the beginner. However, taking the book as a whole, it is an interesting work, and one which will, without doubt, find favor among nurses.

Your Child's Health (medical notes for mothers and teachers, school nurses and health visitors), by John Grimshaw, M. D., B. S. (Lond.), D. P. H. (Camb.), M. R. S. (Eng.), etc. With an introduction by Sir James Barr. Price, 60 cents. For sale by Lakeside Publishing Company.

This is an English work, which appeared in July of this year, and is now on sale in this country. While the work is not so attractively gotten up as the average American book, it nevertheless contains a great deal of interesting information of sterling worth.

In its 143 pages it manages to include helpful advice on not only the usual subjects, but finds space to go into such matters as eye strain and spectacles, and many points dealing exclusively with the health of the child at school. This is a splendid book for mothers, and its price—60 cents—brings it within the reach of the masses.

An Aid to Materia Medica, by Robert H. M. Dawbarn, M. D., Professor of Surgery and of Surgical Anatomy, New York Polyclinic Medical School; Professor of Surgery, Fordham Medical College, New York; Visiting Surgeon to the City Hospital, New York. Fourth edition, revised and enlarged, by Eden V. Delphey, M. D. Price, \$1.75. For sale by Lakeside Publishing Company.

This book is new this year, and supplies the demand created by many nurses who want a materia medica just a little larger and more complete than the materia medicas for nurses in general use. For instance, this is a book of 338 pages, and not very large type at that. It is very complete and up-to-date, containing the newer drugs. It is not meant as a textbook, but as a book of reference, something a graduate nurse might own and use from time to time when in her practise drugs new to her are prescribed and she desires to learn something of them.

## How to Gain Flesh

Persons have been known to gain a *pound a day* by taking an ounce of *Scott's Emulsion*. It is strange, but it often happens.

Somehow the ounce produces the pound; it seems to start the digestive machinery going properly, so that the patient is able to digest and absorb his ordinary food which he could not do before, and that is the way the gain is made.

A certain amount of flesh is necessary for health; if you have not got it you can get it by taking

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#### In the Aursing World-Continued

New York State Nurses' Association.

The following is the program of the meeting of the N. Y. State Nurses' Association, held at Buffalo, October 20th and 21st:

TUESDAY, OCTOBER 20, 9 A. M.

Registration of members and visitors. Payment of dues.

Call to order.

Invocation, Bishop Berry.

Address of welcome, the Hon. J. N. Adam, Mayor of Buffalo.

Response.

Reading of minutes of last annual meeting. Report of arrangement committee.

Report of program committee,

Report of Nurse Board of Examiners.

Annual report of secretary.

Annual report of treasurer.

Annual report of standing committees: credentials, by-laws, legislation, press, finance.

Report of delegates to Nurses' Associated Alumnae of the United States for 1908.

Address of president.

Paper, "Work in the Association for Improving the Condition of the Poor." H. G. Franklin, R. N., through the courtesy of Mr. Robert W. Bruere. Discussion.

Paper, "Red Cross Work," Jane M. Pindell, R. N., superintendent New York City Training School.

Report of Training School Inspector, Anna L. Alline, R. N.

Report of nominating committee.

Delegates entertained for afternoon by the nurses of Buffalo.

7:30 P. M.

Call to order.

Paper, "State Registration; What It Has Done and What It Fails to Do," Sophia F. Palmer, R. N., Rochester. Discussion by Miss Nye.

Paper, "Work in Public Schools," Lina L. Rogers, R. N., supervising school nurse, New York City. Discussion.

Paper, "The Nurse as an Educator," Dr. Franklin W. Barrows, Buffalo. Discussion.

WEDNESDAY, OCTOBER 21, 9 A. M.

Superintendents' informal meeting.

Call to order. Roll call. Business,

Paper, "Post-graduate Work in Hospitals," Annie W. Goodrich, R. N., General Superintendent of Training Schools, Bellevue and Allied Hospitals. Discussion.

Paper, "Social Welfare Work," Dr. Lucy Bannister. Discussion.

Polls will be open from 9. A.M. to 1:30 P.M.

2:30 P. M.

Call to order.

Paper, "Hospital Economics," M. Adelaide Nutting, R. N., director of Hospital Economics Course, Teachers' College, New York City. Discussion.

Paper, "Is the Mercenary Spirit Too Much in Evidence Among Nurses; if so, What Is the Remedy?" By Dr. Dewitt G. Wilcox.

Paper, "The Modern Nurse in Surgical Work," Dr. Roswell Park.

Paper, "The Nurse of To-day in Nervous Work," Dr. Putnam. Discussion.

Unfinished business. Report of tellers. Adjournment.

Question box to be in charge of Mabel M. Chase, R. N., Syracuse.

Members are requested to put in form of questions any subject they may wish discussed and place same in the box for that purpose.

#### Greenfield, Mass.

Miss Grace Patton and Miss Elizabeth Mc-Gowan graduated October 5 from the training school of the Franklin County Public Hospital. The exercises were held in Grinnell Hall. Levi J. Gunn, president of the corporation, presided. The address was given by Rev. Leon J. Brace, of the First Baptist Church. Judge F. M. Thompson presented the diplomas and administered the oath. The benediction was by Rev. C. H. Watson, of the North parish. Miss Clara Louise Strecker sang solos and Francis W. Snow contributed piano solos.

## The Allenburys Foods.

Provide nourishment suited to the needs and digestive powers of the child from birth onward, according to the development of the digestive organs.

#### The "Allenburys" Milk Food "No. 1"

Designed for use from birth to three months of age, is identical in chemical composition with maternal milk, and is as easy of assimilation. It can therefore be given alternately with the breast, if required, without fear of upsetting the infant.

#### The "Allenburys" Milk Food "No. 2"

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Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

Physicians familiar with the "Allenburys" Series of Infant Foods pronounce this to be the most rational system of artificial feeding yet devised. Their use saves the troublesome and frequently inaccurate modification of milk and is less expensive. Experience proves that children thrive on these Foods better than on any other artificial nourishment

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

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#### Why Suffer?

Persons suffering with heart disease, chronic rheumatic and gouty affections and neurasthenia will derive much benefit from a course of carbonated baths prepared with the Effervescent Triton Bath Salts. They stimulate the cutaneous circulation, relieve congestion of the internal organs and exercise a tonic effect upon the nervous system.

#### Pharmacological Insurance.

The physician who prescribes Gray's Glycerine Tonic Comp., in original bottles, knows that he is getting a product representing quality, uniformity and therapeutic efficiency. The definite responsibility of a reputable firm always insures reliability, and the manufacturers of Gray's Glycerine Tonic Comp. are proud of the faith they have kept with the medical profession.

#### Baker's Chocolate In Alaska.

On returning from a trip to Alaska some time ago an intrepid traveler wrote: "It may be of interest to you [Walter Baker & Co.] to know that while on the toughest mountain trail one of my partners and myself ate nothing from breakfast till supper but your chocolate. We ate about one ounce only at a time, and finished the day in better shape than those who ate the usual hearty lunch."

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In chinosol we possess a most remarkable substance—powerfully antiseptic and germicidal and yet non-toxic. We cannot think of any other substance that is much stronger in antiseptic power than carbolic acid and at least as strong as bichloride of mercury (corrosive sublimate) and still possesses practically no toxic properties, and can be given internally in doses of 15 and 30 grains and over. Have you tried it? If not, you are missing something.

#### in Neuralgic Dysmenorrhea.

The woman's general condition has an intimate relation with her suffering, and in treatment should receive its full share of attention. Many women frequently state that they suffer only when run down, overworked or nervous and worried. A leading physician states in regard to this condition: "I have seen menstrual suffering, if not entirely cured, at least much lessened by the building up of

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HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

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does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's milk, so treated and modified that it will be easily digested, and will resemble mother's milk in its composi-tion, as closely as possible. The milk supplied to the Nestle Factories is col-lected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestle's Food, we will be glad to send to any physician.

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#### Magnified Mllk.

Many are not aware that several of those substances which appear the most brilliantly white to the naked eye lose their color entirely when placed under a magnifying glass. This is true of milk. All the whiteness disappears, and the glass shows a clear liquid like water in which float abundant round drops of fat colored perhaps a faint yellow.

One of our famous remedies, Scott's Emulsion of pure cod liver oil, when placed under the glass loses its white color and gives an appearance closely resembling milk, only far richer in the fat droplets.



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#### Diet in Typhoid.

As the successful treatment of typhoid is largely a matter of diet, we deem it opportune to direct attention to the successful use of Horlick's Malted Milk for many years in this prevalent disease. There is sufficient malted cereal nourishment combined with pure milk in the manufacture of Horlick's Malted Milk to ensure a food for these patients that is agreeable, easily assimilated, and that supports the strength without any danger of setting up complications. The casein of the milk is sufficiently predigested to form fine, flocculent curds in the stomach, and can be served in the form of different delicious food-drinks that add much to the comfort of the invalid and in hastening convalescence.

#### Resinol Soap.

The medication contained in this soap is similar to that of the Resinol Ointment, which is now recognized as the best and most healing preparation for the skin ever produced. Resinol Soap will be found to keep the skin in a thoroughly healthy condition, preventing and healing acne (that unsightly and disfiguring disease commonly known as blackheads, comedones, pimples, etc.), chapped hands, fissures, sting of insects, chafing, fetor of feet, etc. And, used regularly, will prevent the recurrence of eczematous and other skin troubles to which many persons are liable.

#### Junketing.

In olden times from Londontown Gay folks to Devonshire went down, To get their dainty "Curds and Whey;" They went a "Junketing," you see.

But nowadays, with greatest ease, You make a Junket that will please The most refined, fastidious taste, Without your precious time to waste,

No longer is there need to roam, You get your Junket right at home. A quart of milk will Junket quick, Chris. Hansen's Tablets do the trick.

#### Mosquito Bites.

I found that a combination of the fixed aromatics, viz.: menthol, thymol, etc., with alkalies, give quick relief. While looking for a combination of this nature, my attention was called to Tyree's Antiseptic Powder, a combination of sodium borate, alum, glycerin, carbolic acid and the crystalline principles of thyme, eucalyptus, gaultheria and menthae, which has the advantage over the extemporaneous mixtures of being always uniform, easily soluble and readily miscible with talcum without grittiness. When indicated as a dusting powder, a 10 per cent mixture of Tyree's Antiseptic Powder in talcum, dusted on the exposed parts of the body, will keep mosquitoes at a safe distance, or a solution of one or two teaspoonfuls to a pint of water forms an unsurpassed lotion for the same purpose. This liquid also sprayed about rooms will materially aid in keeping them away.-J. E. TRAUB, M. D., St. Luke's Hospital, New York City.



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"I have had the opportunity of testing your preparation, Unguentine, in two very severe cases of burns, one of them being so extensive as to require treatment for three months, and I found Unguentine to be most valuable of all dressings. I occasionally change this for carron oil, but only for a change, as I found Unguentine more soothing, and, as a rule, it has diminished pain, lessened suppuration and promoted more rapid healing than the former. The other case was treated entirely with Unguentine, which I shall continue to use in my practice and recommend in my teaching."-Prof. R. M. Foster, Professor of Obstetrics, Chicago Homeo. Med. College.

#### Very Extensively Tested.

Oxolint has been very extensively tested and has the approving testimony of physicians, surgeons, professional nurses and dentists all over the country. The manufacturing company report orders for this one article to anextent that insures the commercial success of the Oxford Linen Mills independently of its fabric production. The cheapness and rapidity with which Oxolint can be turned out (only one day is required to produce the market article from raw flax) bid fair to make it the supreme absorbent in professional use. The company will supply test samples to those who write to the mill, at North Brookfield, Mass.

#### Measles.

## Speaking of local treatment, I find that Glyco-Thymoline and water, equal parts of each, or occasionally one part Glyco-Thymoline to two parts of water, used as a spray

for mouth, throat and nose, is very beneficial, not in the same manner as peroxide of hydrogen, but as a healer of mucous membranes. If the catarrhal conditions extend down into the bowels I either use Glyco-Thymoline internally or in enema, and have found it excellent. I attribute a great deal of my success in these seventy cases of measles to the free and liberal use of Glyco-Thymoline. Its pleasant taste and special adaptation to mucous membranes and inflammatory surfaces should find it a permanent home in every hospital.-BURTON BOHANNON, M. D., St. Louis Children's Hospital,

#### The Gorham Invalid Bed.

A great surgeon called this bed "the most merciful invention of the century." To bedridden patients the Gorham Bed is indeed a Nothing so convenient and comgodsend. fortable has ever been devised for the benefit of those who have heretofore had to spend their days flat on their backs. The Gorham Bed allows the patient to keep his bed constantly, yet without bed sore or bed tire, and enables an immediate change at any time from the lying to the sitting or standing position, and obviates all manual lifting on the part of physician or nurse. All movements are effected mechanically—so easy that a child can operate it.

#### Typhoid Fever.

In the treatment of this disease it is necessary to control the patient's temperature and to keep the alimentary canal in as nearly aseptic condition as possible. The effort of the physician must, however, be directed toward preventing intestinal perforation. No other remedy will accomplish this end more readily or more satisfactorily than Daniel's Concentrated Tincture Passiflora Incarnata. The experience of the medical profession justifies the confidence which it has so often expressed. In the whole intestinal tract this remedy acts as a sedative and hypnotic. It does not lessen the supply of blood of any organ in the body, but gives natural and consistent nerve rest. Daniel's Passiflora does not impair the action of the heart or produce constipation, but as a mild laxative and diuretic acts pleasantly as an eliminant and nervine.-WILLIAM A. DONOVAN, M. D.

#### The Periodical Nervous Headache.

Among the common ailments are periodical nervous headaches. Dr. A. F. Schellschmidt, of Louisville, Ky., states that "they generally manifest themselves about the time of puberty and are very severe for a few years, but with increasing age the attacks become less frequent, until at the age of forty they seem to almost disappear and are seldom or never seen after fifty. They are associated with vertigo, nausea and vomiting. The pain is in and around the eyes, and while the attack lasts there frequently is partial or total blindness. Treatment is more for the pain than

## Junket

Makes an ideal food for invalids and healthy people of all ages. The tablets are indispensable in the preparation of whey, modified or humanized milk for the baby. Children cry for Junket pudding, invalids, dyspeptics and convalescents enjoy it, and Junket is the comfort of old age. Milk is the only perfect food, and Junket is the best form in which to take it.

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# TRITON Bath Salts

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### GASTRIC INSUFFICIENCY

is a constant symptom of failing vitality.

The potent influence of

## Gray's Glycerine Tonic Comp.

In rapidly restoring the digestive function well indicates its remarkable capacity for increasing general bodily vigor.

Thousands of earnest capable physicians know and appreciate the reconstructive properties of this effective tonic.

THE PURDUE FREDERICK COMPANY
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anything else. Antikamnia tablets give great relief and act quickly. An emetic will sometimes abort an attack. The bowels should be kept open and those diuretics which hasten the elimination of the urea should be administered. The adult dose of Antikamnia tablets best suited for the relief of these headaches is two every three or four hours."

#### +

#### Pressure Under Control.

The Hoover Breast Pump owes its superiority to the fact that the exact pressure required can be applied under perfect control. It is sold to nurses for 75 cents. See advertisement in this issue.



#### Pretty and Serviceable.

Of all the garments worn by nurses there is nothing prettier and more serviceable than a rubberized silk coat now in great demand. Besides being waterproof it is used for all occasions. Therefore, complete your wardrobe with a "Modern Silk Coat." Why not wear something pretty as well as useful? See advertisement in this issue.



#### Horsford's Acid Phosphate,

How many nurses know of the great value of Horsford's Acid Phosphate? It is recommended by physicians as a wonderful restoring agent in cases of nervous exhaustion, impaired vitality and insomnia. Send your address on a postal card for their valuable book on Horsford's Acid Phosphate, to the Rumford Chemical Works, Providence, R. I.



#### Bender's Liquid Toilet Soap.

The use of Bender's Sanitary Liquid Toilet Soap in public institutions is becoming more general every day. It is unquestionably a soap of extraordinary merit. It is pure, clean and sanitary. It ranks equally high as an antiseptic, germicide and cleanser. It is recommended for use in hospitals, in the sick-room, as well as for general family use. It is put up in 6-oz. sprinkle-top and quart bottles, and in gallon cans.

The best way to use it, however, is to secure one of the Bender patent soap holders, which may be attached to the wall of the bathroom or lavatory and from which the few drops of the soap necessary may be obtained by pressing the button.

This soap is made by the Bender Manufacturing Company, of Philadelphia.



#### Home-Made Buttermilk.

It is now within the power of every household to have an abundance of buttermilk. Nowadays the butter maker does his work so well that the buttermilk is entirely deprived of the delicious little grains of fat which add so much to its food qualities as well as to taste. True buttermilk, made direct from fresh, rich milk, within a few hours, of the finest flavor and taste, nutricious and more excellent than the article as originally known, can now be prepared in any kitchen. This is done by taking a quart of fresh, rich milk, adding a pinch of salt and about a half pint of hot water and adding a tablet which contains a pure culture of lactic acid bacteria. Place all in a pitcher, cover with a napkin, and let stand for twenty to twenty-four hours at the ordinary temperature. The tablets are made by Parke. Davis & Co., of Detroit, Mich., and are called "Lactone" or buttermilk tablets.



#### Some Uses of Hamamelis.

Among the well-known physicians who have written of the value of Hamamelis, one prominent author says: "The distilled extract of Hamamelis is a valuable application to sprains and bruises. Hamamelis is very useful in checking epistaxis, bleeding sockets after the extraction of teeth, bleeding hemorrhoids and many other forms of hemorrhage. An ointment containing Hamamelis is of service in burns, eczema, erysipelas, sunburn, seborrhea, acne, etc. When given internally this remedy exerts an astringent and sedative action. It is also highly valued in the treatment of acute and chronic diarrhoea, dysentery, hemorrahge from internal organs, purpura hemorrhagica, varicose veins and ulcers." This statement is well borne out in general clinical experience, provided always that a uniform, active product—such as is only found in Pond's Extract—be employed.

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is absolutely essential to the growth and beauty of the hair.

### Packer's Tar Soap

used systematically as a shampoo is a reliable means of restoring and maintaining normal conditions of the scalp structures.

For thirty-five years it has been endorsed and rec-

ommended by the medical profession as the standard soap for the hygienic care of the hair and skin.

Our little booklet on "The Value of Systematic Shampooing," with a sample cake of soap, will be sent to nurses who will mention this journal. THE PACKER MFG. CO., New York





# The Trained Aurse and Hospital Review

VOL. XLI.

NEW YORK, DECEMBER, 1908.

No. 6

#### The Lord of Work Who Is God\*

ALGERNON T. BRISTOW, M.D.

THE highest efficiency in the world results from the ability to do the greatest amount of work with the least amount of effort; but this does not imply that the man or woman who with great effort accomplishes results which others accomplish with less, lacks efficiency. Neither are we to infer that the ability to do efficient work with ease necessarily implies that the work will be done. It is, unfortunately, by no means true that those who are capable of giving efficient work to the world have also the will to do so. Selfish reasons too often intervene. It is not always the man with one talent who buries it: sometimes the man with five takes to the spade too, and allows a natural indolence to bury a useful and perhaps a brilliant career in oblivion. It is when the trained mind and the disciplined will work together in harmony that Society reaps the reward of the highest efficiency from the individual. Great natural aptitude-sometimes called genius - rarely accomplishes much unless joined with a genius for hard work; and this implies a will bent to continuous and self-sacrificing effort. Training, however, not only increases natural efficiency, but creates efficiency where it did not before exist. As it is possible to train the hand

and develop an artisan, and to train the mind and develop a scholar, so, also, it is not only possible, but also necessary, to develop the will, and so to strengthen it that the mental and physical machine which has been built up with great expenditure of time and labor may do the work for which it has been planned. Education which imparts knowledge, without training the individual to concentrated and continuous effort, misses the mark. The ability to do, without the will to do, marks the most hopeless of all failures. We may excuse the man or woman who has had no training, when they fail. What can we say in extenuation of one who has had the training, vet lacks the force of character which alone can make that training useful to the world?

Young Ladies of the Graduating Class, what has the hospital done for you? It has trained your hand to do your work deftly. It has trained your eyes and ears to keen observation. But is this all? Or, have you added to the different qualities which go to make up the trained nurse, that subtle something which we call character, lacking which, you will fall far short of even ordinarily good work? Doubtless you will all earn a living. But do you think that the whole end of life is

<sup>\*</sup>An address to the graduating class of W. W. Backus Hospital, Norwich, Conn. Contributed to The Trained Nurse.

to put food into your mouth and to dress in fine raiment?. I tell you the man or woman who enters a professional career with mind bent only on its emolumentswho regards the things which are of Earth, earthy, and never lifts the eyes heavenward where shine the eternal stars, misses the highest reward of labor. What, then, is the highest reward of labor? Especially labor such as yours and mine? Is it not the sublime consciousness that we are doing work of the highest importance for Society, that we are healing the sick and smoothing the pillow of the dying? In comparison with that, what avails the mere fee? It is, to be sure, very necessary; yet, as Ruskin says in "The Crown of Wild Olives", "With brave people work is first, the fee sec-: : : : : If your ond. work is first with you, and your fee second, work is your master and the lord of work who is God. But if your Fee is first with you and your work second, Fee is your master and the lord of Fee who is the Devil. Work first, you are God's servants; Fee first, you are the fiend's." These are trenchant words, and cut to the marrow, but they have many times been an inspiration to me, and I trust they may be to you. If you treasure these words of one of the great prophets and seers of our times, you will find that you will become independent of many of the petty annoyances and trials of your profession; but if you look upon your profession merely as a means of livelihood, you will, long before the afternoon of your work, be weary and heartsick. Believe me, the pathway to peace is not in self-seeking, but in living and working for others. Riches do not bring happiness; nor does Fame, nor the applause of men. These things of themselves are but Dead Sea fruit which crumble into dust

in the mouth of thirst. There is no satisfaction in life like that which comes to us from the consciousness of work well done. "I have fought the good fight" was the pean of the Apostle to the Gentiles when he felt that his life work was drawing to a close. Do you suppose he was thinking then of the money he made at tent-making?

I have spoken of the annoyances and trials which you will meet in your profession now that you are leaving the hospital to engage in private duty. They will not be few, and you will need both self-control and a serene mind if you are to rise superior to them. You are going to meet with all sorts and conditions of people whose whims you must humor, and whose prejudices you must respect or ignore. While you were in the hospital, your patients were compelled to accept your services, whether they liked you or not: they had to have you. It is not so in private practice. You will need serenity of mind, and that poise and adaptability which is called tact; and these qualities are, after all, the result, or ought to be, of the training you have had in the years of stress and trial in the hospital.

But I hope that the hospital has done more for you than all these things of which I have been speaking. I hope while you have been laboring in the wards, that you have been touched with the helplessness of the sick, and the pathos of sickness and poverty. If, on the contrary, the harsh experiences of a nurse's life have hardened your heart, I am sorry for your patients, but still more sorry for you. Your patients will have to live with you and endure your want of sympathy and lack of tenderness for but a short time: but you will have yourself for a companion always. And let me tell you, there is no grimmer inmate of the human

breast than a heart which has hardened itself to suffering or poverty or despair. From its dark chambers wells ever more a bitter tide of unrest instead of the sweet waters of happiness and peace. The embittered soul is not the one who is working for others, nor will the waters of Marah ever overwhelm the man or woman whose heart is filled with love and the spirit of self-sacrifice.

In your future career, much is going to depend on the manner in which you use the knowledge vou have gained in the hospital. Your lot will be cast among the helpless, always; and often you will be surrounded by incompetence, disorder, even squalor. Here you will need another quality to guide you and give direction to your own efficiency—I mean righteousness. Will you take advantage of ignorance to your own profit and the hurt of others? Think of all the hideous wrong and oppression which has sprung from the tyranny of efficiency over helpless inefficiency. Every revolution the world has ever seen has had its roots in that dark swamp. If righteousness and efficiency always went hand in hand, would our jails be full of criminals, our poorhouses crowded with vicious or unfortunate paupers, our insane asylums overflowing with a flood tide of wreckage from the savage struggle which we are pleased to call civilization? Would the night air be affrighted with the exceeding bitter cry of women and little children worked beyond their strength to keep alive the mere spark of life? What we need in this day and generation in the high-pressure struggle for existence which breaks down strong men and kills women and children, what the world has always needed, is the combination of power with righteousness; and if we are floundering towards the dismal swamps which have

engulfed the civilizations of the past, it is because our great combinations have been vast but misdirected concentrations of energy which have crushed humanity instead of uplifting it. But what can we do, with our feeble hands and single arm, to stay the progress of this Juggernaut of to-day? All that we can do is to play our part well and nobly and with high resolve. Let us, at least, in our life-work, yoke together the power and efficiency of high training, the keenness of our intellect with that righteousness which is from on high. If you do that, it will be impossible for you ever to degenerate into the paid hireling, anxious only for her own wage and her own comfort. A nice easy case. a rocking chair, a comfortable fire, and a good book-a sort of etherealized Sairv Gamp, to whom her patients are cases instead of suffering human beings, calling not only for bodily care but tenderness, patience and sympathy.

If misdirected energy is responsible for many cruelties in our civilization, so also is inefficient goodness responsible for many avoidable trials. Some people call such trials discipline. No doubt they make for a sort of flabby patience which is sometimes miscalled resignation. Remember, however, that we have a right to resignation only against the trials which we cannot help. We may regret our faults and their consequences. We ought never to be resigned to either, for if we are, we shall certainly never mend.

You will meet many such people in your practice. Emulate their goodness, but not their weakness. Take my word for 14, there are no people who will make such demands on your patience and in whose behalf you will need the tender heart and the firm will. New England saints are sometimes very exasperating.

There is another thing of which I wish

to remind you. Do not suppose, in your private work, that you are going to be concerned with the patient alone. It was in the hospital that you had to treat only the patient. In the home, you will have the family on your hands as well; and oftentimes they will require more treatment than the patient. You will have to call to your aid all the Christian virtues, and then you will not have quite enough. However, patience, tact and firmness will guide you through many perplexities and trying situations.

I sometimes think that, on occasions like this, we get into the habit of addressing our remarks entirely to the graduating class, as if, indeed, they needed all the advice and the rest of us none at all. And so, to-night, I mean to address a word or two to the public on behalf of the nurse herself. I do not believe that they always receive the consideration to which they are entitled. I have sometimes been asked by people of means whether a nurse wasn't expected to perform twenty-four-hour duty, and I have always replied that I have never known a nurse unwilling to exert herself to the utmost when occasion demanded, but that an overworked nurse was an incapable nurse. It is a singular fact, however, that some women will join an association for providing working girls with seats in the department stores, and express horror at the fact that the hours are so long; and yet be quite willing to work a nurse all day and all night too. I sometimes think that some women, at least, treat nurses and horses alike-they overdrive the one,

and overwork the other. Let me remind you, however, that an overworked and exhausted nurse can never do very good work, no matter how high her aims or unselfish and fine her character—for there is a limit to the endurance of the nurse, though the public are unwilling to believe it; I am not at all sure, also, that many superintendents of training schools do not need to be taught the same lesson.

I hope in the future, that the hospital will recognize that much unnecessary hardship and not a little injustice has been done to the pupil nurse. If eight hours' work is enough for the man, eight hours' work is enough for a woman too. Some of you, I know, are not strangers to my opinion on this point.

And now, I wish to say a word of congratulation to the young women who are leaving the hospital to-night to launch forth upon their life's work. I need not remind you of all your trials and tribulations and the three years of incessant toil which now lie behind you. You have my good wishes. The medical profession are indebted to the trained nurse and to her faithfulness for the power to do their own best work. We owe you a debt of gratitude which we cheerfully acknowledge. To you we look for the trained hand, the trained mind, the disciplined will, and the tender heart. When to these qualities you bring the high and lofty incentive which righteousness and personal character represent, then shall men and women rise up and call you blessed, and the gratitude and affection of the suffering and afflicted shall be yours.



#### A Question in Ethics

M. M. TAYLOR.

A MOST troublesome question among nurses is this: To what extent is one to follow the instructions given by a physician, when she is convinced in her own mind that such instructions are harmful? What is the proper course to pursue in such a case?

We are taught, and rightly, that under no circumstances must we criticise our doctors: and we know that it is not the duty of a nurse to decide as to a doctor's proficiency. We have not been taught to look at cases from the viewpoint of a doctor; we have seen the work of comparatively few physicians; we are often prejudiced in favor of "the way they did in our hospital"; we have sometimes to learn that a thing may be done in different ways with equally good results; that the methods of our favorite doctor are not necessarily perfect; and that after all, a nurse's opinions do not carry much weight.

It is a regrettable fact that there are doctors with poor judgment and with little knowledge of their profession. Also there are unprincipled and careless men. There are men who are dissipated and who even make professional visits when under the influence of liquor or drugs. Fortunately, these are the exceptions, but for that reason the more does a nurse find it difficult to know what to do. Nurses are supposed to "observe, not to think," but a nurse is after all not a machine, and may even be capable of real thinking. Three years spent in a hospital have given her much actual experience with diseased conditions and the results of treatment and medication. It is moreover possible that she may have seen

more along a certain line than a doctor whose practice in this particular class of cases has been limited. Why then may she not sometimes be competent to judge of a physician and his work?

It is, as a rule, the better doctors who trust nurses most and who do not question the details of their work providing the results are satisfactory; but there are men—and we encounter them most often in desperate cases—who insist upon having things done which are unwise, in ways which are unwise; who leave nothing to the skill or judgment of the nurse, and who make her in a sense a party to their own bad judgment. Many a time, I am sure, has a nurse asked herself very solemnly: "Did I do right in carrying out the instructions which have proved so disastrous?"

To come to a few concrete instances: I was once sent to a small town as second nurse on a case of typhoid. I found the nurse in charge giving temperature baths to a very sick patient, using no rubber sheet for this work and consequently not enough water to do much good. She was getting little or no result. I asked that a mackintosh be procured, and was told that the doctor objected to one being used. My baths were therefore not much more effectual than hers.

The patient had diarrhea. His medication consisted of a tablet every two hours (Strychnia, 1-30 gr.), a liquid medicine which I learned contained morphine, and an ounce of whiskey every three hours. Six ounces of milk was to be given every two hours, champagne and liquid peptonoids between times. The quality of the nourishment and medica-

tion was good enough, had we been allowed to use some judgment in giving it. We were required, however, to follow specific directions, and so only succeeded in worrying and nauseating our patient.

This case did not recover, and it has always seemed to me that it was a needless sacrifice of a life. Had I entered any protest to the doctor, it would have done no good; and had I left the case, it would only have added to the troubles of an already upset and anxious household.

On another occasion I was called to a case of vomiting in pregnancy. The case was treated wholly by morphine given hypodermically. The patient was kept completely under the influence of the drug, instructions being left to give it whenever she—to use the doctor's own expression—"wiggled a toe." The patient died four days after I took the case. I saw upon the death certificate the immediate cause of death given as "exhaustion." During the time which I was there, no attempt was made to relieve her condition nor to combat the exhaustion.

I have a number of times seen bad perineal lacerations which any one with the least knowledge of anatomy could see had severed the muscle. The doctor in charge of the case simply sewed the edges of the skin and mucons membrane together, making not the slightest attempt to catch the deeper tissues. I felt that in these instances something should have been said to both doctor and patient.

I remember a case of infection following a normal delivery, plainly the doctor's fault. The nurse, after waiting until the patient was desperately ill and the treatment was proving ineffectual, advised that consultation be called. This resulted in the discharge of the physician who was treating the case, and in the employment of the consultant. The patient escaped

by a hair's breadth. This nurse did an unprofessional thing, but she saved a life by doing it.

I have, upon certain occasions, been ordered to give treatments which accomplished nothing, and which seemed only to add to the torture of the patient. have given nutrient enemata when there was no hope or possibility of their being retained. I have given medicines for nausea when every drop added to the trouble already present. I have given stimulants to patients whose death was unquestionably hastened, if not actually caused, by the enormous doses of poisonous alkaloids. I have, in many of these instances, felt confident that I could have had some measure of success had I been allowed to use the least part of the skill and judgment which I was kept three years in the hospital to acquire.

In such circumstances, one must usually meet each case as it comes and do whatever is in one's judgment best at the time. It will be found sometimes that a few plain statements to the doctor will bring excellent results; but it is not every doctor to whom a nurse can talk frankly and freely.

It is universally conceded that if a nurse finds herself working with a doctor who is unworthy of her respect, and if she has made up her mind that he is incapable, she should leave the case and avoid a repetition of the circumstance. Yet in instances where her leaving would work a hardship to the patient or to his family, it is right for her to remain and do the best she can with what tact and judgment she possesses. If asked her opinion of the doctor or his work, she must simply evade the question and avoid committing herself in any way. I feel that there are times when a nurse is justified in telling the whole truth to the friends of the patient, but these cases should be very rare.

When she encounters rank incompetency on the part of the physician, and a nurse sees a life being sacrificed needlessly to bad judgment, timidity, or overzealousness, then it is hard to give advice. The least objectionable thing she can do is to suggest that consultation be had. She should not, however, take the responsibility of naming the consultant.

To a woman occupying a hospital position this matter is most difficult. Many

hospitals, especially in the West, are open to "any reputable physician." This gives the nurses a broader training, but it amounts in some instances to bad training. What then is to be done when a doctor insists upon things which you have taught your nurses is absolutely wrong? A wise silence is the only possible course, leaving your pupils to draw whatever conclusions they can. If many cases of the sort occur, the matter should unquestionably be brought before the hospital board and left for them to deal with.

#### **Practical Points**

A well-known superintendent of a hospital for the insane has said that "the best physical means for recuperating the worn and wasted systems of the insane may be summed up in three words—heat, milk and rest, but the greatest of these is rest."

To remove rust from steel instruments place them over night in a saturated solution of zinc chloride. On removal the next day they should be rinsed in cold water, placed in a hot soda and soap solution and dried.

An eminent German physician has stated that more typhoid fever has been carried about in the leaves of lettuce, radishes, cress, tomatoes, cabbage—used for cold slaw—and similar raw vegetables, than in any other way except by drinking water. He modifies the statement by saying that the danger is that polluted water is used for cleansing the raw vegetable, while great pains is taken to boil suspected water used for drinking purposes. Occasionally infection has been traced to the fertilizing material applied to the soil in which vegetables have

grown, and all such vegetables are exposed to infection from the dust and dirt of the street. Cooking vegetables will destroy all such germs. Housewives should be warned of this danger, where there is reason to suspect that a water supply is unsafe.

A method of disguising the taste of castor oil in a certain hospital is as follows: A powder composed of gum arabic, liquorice and sugar of milk, flavored with vanilla, is made. A small amount of the powder shaken with a little water produces a persistent froth, which forms an effective disguise.

In preparing the patient's meals the little individual crockery baking dishes, which can be purchased for a nickel, can be used to advantage in preparing bits of left-over chicken, fish, rice and many vegetables.

The night nurse, who expects to go promptly to sleep in the morning, should not indulge in either tea or coffee at breakfast, and should arrange to take her outdoor exercise after sleeping hours rather than before.

### Cconomic Hospital Management\*

M. G., State Hospital, Warren, Pa.

IN this paper we are considering, briefly, but one of the many branches of our subject, the one relating mainly to the housekeeping of a hospital, which is a very important part of its administration, requiring of those in charge talent of no mean order, including the ability to manage, without fear, fuss or favor, different classes of people, in connection with a keen sense of justice and power of close observation. Experience teaches that the perfection of a hospital, which is a costly, complicated mechanism, depends on the nicety of the adaptation of its different parts, each having a relation to all and working together for its one great object, the alleviation and cure of disease.

The organization of a hospital, of which there are many forms, has such a direct bearing on its economic administration that we, briefly, notice these points in passing: The chief executive officer, commonly designated the superintendent, should have general management of all the affairs of the hospital. His aim should be to adjust the many complicated relations and bring them into harmony, combining all forces for the advancement of the best interests of the pa-All the different departments should radiate from the superintendent in such a manner that no two subordinate officials can conflict with each other without its being within his province to adjust the difficulty.

He should never fail to give to his controlling board of managers that devotion and loyalty which he expects to receive from his subordinates, and the said board should loyally support the superintendent in his work.

The administration of the hospital housekeeping is of the greatest importance, requiring as it does the full and complete co-ordination of all officers and employees, if the desired result is to be attained. When one considers that this branch of hospital business includes: The care of the building and its furnishings; the care and use of plumbing; the heating, lighting and ventilation; the buying and distribution of all supplies; the selection, preparation and serving of food; the operation of the laundry, it is more readily understood why it is of so much importance.

In most hospitals, the necessity of living within a stated income and the constantly increasing cost of maintenance make the question of economy in its truest sense, what it means, and how it may be most advantageously used, an all-important one. It has been said: "Economy no more means saving than it means spending." It does mean, in the administration of an institution, the saving or expenditure, whether of money, time or effort, to the best possible advantage.

In the exercise of economy, two facts must be taken into consideration: First, the tendency to extravagance, seen everywhere and among all classes of people; and the prevention of waste as a duty.

The tendency to extravagance, when pertaining to hospital work, is a habit easily formed; partly because it is easy to drift into the unnecessary use of sup-

<sup>\*</sup>This article was written from the point of view of State hospitals for the insane.

plies of all kinds in every department, and partly because those who do the work, too often, give little or no thought or attention as to how supplies are obtained, knowing little, and often caring less, of the cost.

It is, sometimes, a matter of surprise what a decrease can be brought about by renewed supervision without making any change in the activity of the service, or less care and comfort for the patients.

With the use and care of many supplies, nurses and attendants are directly concerned; with the purchase of these supplies, they are not so much interested, that being the province of the steward; but, as has often been proved that the best is the cheapest, the importance of much experience and foresight, with a knowledge of quantity and quality and use of specified articles, is a necessary qualification of the steward who has the twofold duty of keeping down current expenses while doing the important work of supplying every legitimate need.

While provision must be made for all emergencies, it is, sometimes, a wise policy which necessitates, occasionally, a cutting down in quantities issued, because it will bring about a more careful handling of supplies. Regarding the distribution of supplies, there should be some thorough system of issuing and accounting for the same enforced. Requisitions should be approved by some responsible official before presentation to the storekeeper. The plan of exchanging broken or worn-out articles for new ones is an excellent one where closely followed. causing, as it does, a much closer observance of what becomes of all articles subject to such exchange.

The number permitted to make out requisitions should be limited, making closer supervision an easy matter, and all permitted to order supplies should exercise judgment and common sense in so doing. Because one's requisitions may be honored is no reason for making extravagant demands on the storeroom. The one who is careless and indifferent in making out orders will invariably exhibit the same traits in the use and care of such supplies if issued by the store-keeper.

Each ward of a hospital may be considered a household in itself, for the management of which the nurse in charge is directly responsible, and it is the shirking of this responsibility in deed, while assuming it in name, that causes much neglect, for the assistants in any department are not apt to be more thorough or have a higher conception of duty than the one in charge, who should remember that "the great art in commanding is to take a fair share of the work." To the one in charge belongs the responsibility of keeping the ward and its furnishings in perfect order. The prompt reporting of all matters connected with plumbing, heating and lighting not in proper order will often save much discomfort and expense. Lights should not be left burning when not needed. Much attention should be given to proper ventilation; advantage should be taken of all means at hand for ventilating, whether natural or artificial. is important that all flues and registers be kept free from dirt or trash of any kind. It seems unnecessary to speak of the great need of the utmost cleanliness and proper use of disinfectants. Sometimes. in order to avoid having the required amount of thorough cleaning done, disinfectants have been used merely as deodorants, the province of disinfectants entirely lost sight of, resulting in waste oi expensive materials. Any defacing of walls, woodwork or furniture, or des-

truction of bedding or clothing should be immediately observed and measures taken to prevent its continuance. Proper care in this respect will prevent the necessity of much expensive repairing and replacing of damaged and destroyed articles. The necessary care of clothing in the wards is no small task. Every article of clothing should be properly marked before it is put in use. Personal clothing should always be marked with the owner's correct name; often the different forms of the same name are used, causing much unnecessary confusion, as well as work, in tracing such improperly marked articles from ward to ward. When clothing is returned from the launcirv, it should be promptly and properly put away, any repairing needed being attended to first. If systematic care is taken, there will be no trouble in accounting for all personal and ward property at any time.

One of the most common channels for waste, and also opportunity for practice of economy, is in the matter of food. To quote from the National Hospital Record, "The first place in which all the scientific knowledge of food, as a remedial agent, should be known, is in the hospital kitchen."

However fully one, when ill, may be sustained for a time on the products of the chemist, it is of the utmost importance in the final recovery of the sick that they desire and receive natural food, properly prepared, attractively served, and in sufficient quantity to aid in rebuilding lost and wasted tissues. Too much importance cannot be attached to an intelligent knowledge of the comparative values of different foods, the selection of the most nutritious while most digestible, and at all times of the best known methods of preparation. The

nurse possessed of this knowledge and having the ability to make proper use of it has, other qualifications being equal, every assurance of marked success in an honorable calling.

Food cooked and served in large quantities, with no thought as to character and amount, and with little or no desire that it should be palatable, nourishing and of sufficient variety, is undoubtedly a source of waste in hospitals. Where intelligent thought and care are given to this department, the expenditure of much less money for food supplies will be required, to say nothing of increased satisfaction in other ways.

Nurses are more directly concerned with the serving than the supplying or preparation of food, with which they have practically nothing to do. It often seems very hard to put in practical use theoretical knowledge, and nowhere is this more clearly shown than in the matter of serving food. Theoretically, nurses are taught how much depends on the serving of food; how travs should be neatly and attractively prepared, and that the whole question is one of sufficient importance for the careful oversight of the head nurse. Practically, too often is such work delegated to a probationer, who, with the assistance of patients, does the most of it. Patients on "light diet" are given regular trays because some one "forgot," even though the order was a written one. No attention is paid to returned trays, no note made of untasted food and the next meal these particular trays are prepared with the same amount as before, so that waste here is constant. There may be times when, owing to a reduced nursing force, meals are carelessly and hurriedly served; but, oftener, poor serving is due to lack of systematic and careful management of those in charge.

The only remedy to be suggested in this matter of food serving is closer supervision from those in charge, more time taken in which to do it, together with an intelligent interest in and knowledge of the patient's needs; at the same time recognizing that this wilful waste is a direct abuse of a public charity, as well as showing an inexcusable ignorance of true economy. How far economy should be practised in the use of bed linen is rather a hard matter to state in definite terms. Frequent changing of bedding, even when not absolutely necessary, adds greatly to the comfort of the unfortunate patient compelled to remain in bed. There is no doubt that beds used only at night are often changed unnecessarily. But there is so much room here for the exercise of good judgment and common sense that it would seem better to train and develop these qualities than to establish hard and fast rules for the changing of beds at stated times.

The laundry is a very essential department in hospital management. though its operation may seem to be in the background, its results are very much in evidence and failure in laundry work means the handicapping of other departments. The wards may have enough of bedding, clothing, etc., to meet all demands, but if a large part of the supply is piled up in the laundry, linen closets and clothes rooms correspondingly empty, the proper care of patients is very much hindered. This department, to give satisfaction, should be in charge of a competent manager, one who has ability to secure, from unskilled help, good service; and who has enough knowledge of the work in other departments so that important work may be done without delay and articles in constant demand be promptly returned. In a properly managed laundry there is no need for the partial or complete destruction of articles of clothing or loss of smaller pieces, as cuffs, ties, etc. On the other hand, perfection in a crowded hospital laundry would be much nearer attainment if other departments considered the difficulties under which the manager labors, and did not unnecessarily increase the work by careless and improper management in these departments. One item in laundry work would be much lessened, if the old custom of removing counterpanes at night and placing them beyond the reach of excited and disorderly patients were strictly observed. It not only makes unnecessary work to be continually laundering counterpanes, but materially lessens their term of usefulness.

Blankets should not be laundered except when absolutely necessary. To successfully launder woolen blankets requires more time and care than is usually given in the ordinary institutional laundry. Thorough airing in open air often serves the same purpose as washing, and it would be wiser to resort to such means than to have to use hard, shrunken blankets. In cases where all bedding must be continually laundered, blankets partly cotton give better service than all wool ones. In regard to personal laundry, hospital employees should not expect to have fussy or fancy garments laundered, for institutional laundries rarely have the capacity for any large amount of this kind of work.

The care and use of rubber goods is another source of economy or extravagance, just as nurses will it. Rubber sheets should always be cleaned and disinfected in the wards. To send these articles to the laundry very soon ends their usefulness, and as they are rather

expensive, it is worth while to take proper care of them.

There is much carelessness in the use of ice caps, hot water bottles and syringes. All such articles should be carefully cleaned immediately after use and properly put away. Neatly made covers for hot water bottles are much more satisfactory than placing dependence on cloths pinned on, running the risk of perforating the rubber and having a leaking bag on one's hands. Syringes should be well cared for, not only for their preservation, but to prevent any risk of infection from their use. All rubber goods are more or less expensive and rather shortlived with the best of care, so that supplying them materially adds to ward expenses and makes their proper care an economic necessity.

Supplies of cotton, gauze and adhesive in wards should never be left lying around loose and unprotected, as such supplies are thus rendered unfit for use. Sometimes much smaller supplies of such articles might be provided without detriment to welfare of patients.

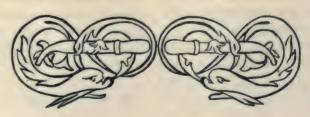
Medicines refused or discontinued should not be kept in wards, but be promptly returned to drug room for final disposal.

Then, again, the misappropriation of articles for other than their legitimate use is another source of waste which is always inexcusable. Using good blankets for polishing oiled floors, as is too often done, is a reckless extravagance, especially so in institutions where destructive patients furnish abundant ma-

terial for all such purposes; destructiveness which may not always be preventable, but which proper care and watchfulness will lessen very much. Pillowcases, towels and napkins used for dusting and other cleaning, and then, perhaps, thrown into trash boxes to be burned, dishes and silverware let fall into slop pails, are other careless and wasteful procedures, and by no means of rare occurrence.

We might go on indefinitely in the matter of use and misuse of hospital property. It would seem that many accepting positions in public institutions think that no care need be taken of anything; that the supply of everything is unlimited. Their home training being so defective, knowledge of the first principles of economy is absent and a sense of responsibility the exception, not the rule. In order to cultivate this knowledge and responsibility, instruction, which should have been begun in the home, must be carried on from the day the probationer enters the hospital, and all holding positions of trust are responsible for the giving of this training.

And, as in spite of all care and instruction, there will always be those employed who are careless, indifferent and extravagant, there is nothing for it, if a wise and true economic system is to be established, but the exercise of "eternal vigilance" on the part of all those having the welfare of their hospital at heart, knowing that in this, as well as in other lines of encieavor, "unity of purpose is the main prop of success."



#### Touring in Asia Minor

LILLIAN F. COLE.

W E left Sivas September 2, to make a medical tour to Devrek, one of our outstations—a good sized town, three days from Sivas. Our party consisted of Dr. Clark, Krekor Effendie, our druggist; myself, three horses, a mule, the mule driver, and two other men, owners of the horses. Two of the men were Kurds and the other a Turk. The men traveled on foot, the Turk leading a little colt which he had evidently bought in Sivas. The mule carried our load, which was rather large, as we had to take traveling beds. These are army cot beds of canvas that can be folded up. (We use wool mattresses, as wool is very plentiful in this country.) We had also, besides our bedding, food for three days, with tin plates, a coffee and tea pot, also a small alcohol stove, a wooden box and a dress suit case full of medicine, a large bag full of sterilized gauze and cotton done up in small packages each containing enough for one operation, also instruments.

Everything went smoothly the first day, and about 5 o'clock we reached a small Turkish village where our men said we would stop for the night. We were taken to the guest room of the village, which is usually owned by a rich man and is kept for the use of travelers.

The news spread quickly that a doctor had arrived, and the sick soon began to come and kept it up until quite late in the evening, hardly giving us time to eat our supper. The women all wanted me to look at them, but felt satisfied when I told them that I would stay with them while the doctor examined them. The

owner of the room lived across the court. and later in the evening I went to call on the women of the house. I found that there were three or four married sons with their wives living in one immense room. It was dimly lighted and looked like a tremendous cave. The only light that came from outside was from small windows high up in the wall. They received me very cordially and were very anxious to know what the doctor had said about one of the wives who had been sick a long time, and who had, in all probability, tuberculosis. Their beds were spread for the night (you know. here, beds are taken up during the day) and babies were crying in different parts of the room; other children were sitting about on the floor. The father-in-law. a venerable old Turk, sat in the midst of them giving advice on and off as he saw fit.

After sitting talking with them for a while, one of the wives volunteered to show me the village bath. It was a low building made of mud bricks. Just one room roughly finished. A fire was burning on the hearth, or, rather smoking, and over it was a great kettle of hot water and another of cold near by. Several women were bathing, soaping and pouring water over each other. They did not seem to be at all disturbed by my pres-After inquiring who I was, they invited me to have a bath. I told them I had had one that morning. The room was so full of smoke that my eyes soon began to smart, and I made my escape as soon as possible. When I returned to the guest room I found it was still

full of men, most of them patients and their friends (the women had all come earlier). The Turkish Hoja (teacher) had come to call, and Dr. Clark asked him if he might read something from our holy book. He was willing and they all listened most attentively to a chapter from the Gospel of St. John. The Hoja asked some questions and told us something of what they believed. He was very polite and looked like a man of a good deal of intelligence. After this Dr. Clark said we would have to start very early in the morning, and they all took the hint and left us. As we only had one room Dr. C. and the druggist went up on the roof to sleep, leaving me the room. I wished I might go up too, as the air of the room was pretty bad by this time. The stable was underneath and as the floor was full of cracks the odors from it filled the room and prevented my sleeping very well.

We were up at four in the morning and after packing up and eating our breakfast started off just about sunrise. The air was cool and very refreshing. passed many villages, mostly Turkish. About eleven we stopped under some trees and afe our lunch. About three p. m. we reached a little Kurdish Khan at the foot of the mountain. I should have liked to stay here, as it was a very interesting place. The women were baking bread; one of them sat by the fire made on the hearth. She had balls of dough by her side; these she rolled out into very thin sheets and baked them on pieces of tin laid over the fire. These bake very quickly and taste very good. They were all very friendly; my hat interested them greatly. There seemed to be a number of families here also, no doubt wives of different sons. The families are largely patriarchal. The children are ragged and dirty, but pretty and bright looking, and did not seem to be afraid of us. One of them, a delicate little boy of four, cuddled up to me; they said he was four, but he did not look over two and could not walk.

They asked me if I had a needle that

I would give them. Mine were at the bottom of my saddle bags, but Dr. Clark had one he gave them, and I promised to bring them some on my way back. We did not return that way, so I could not fulfil my promise. We did not get away from there until five p. m. The men swore solemnly that the nearest village was six hours from there, but our druggist had asked some Armenian travelers that were passing, and they said three, so we started. Our road now was very mountainous. The scenery was beautiful, and later, when the moon came up, it was very pleasant for us, but I felt sorry for the men who had been walking all day. We passed several caravans that had stopped on the mountain for the night. The drivers of the caravans sat around a big fire eating their supper while their animals grazed around the camp. We traveled up the mountain side until nine p. m. Then Ebrihem said that there was a place near where a number of Kurds, with their flocks and families, were camping for the Summer, and we could stop there, but we must start before daylight. We agreed to this, being tired.

The Kurds did not seem to be overjoyed to see us, but said we might stop a little below their camp. We unloaded our horses and, getting out our food as quickly as possible, as we were all hungry, we spread it in the moonlight and invited our drivers to eat with us, as their food was all gone, one of them having gone to a village to buy bread and had not caught up with us. After supper we put up our



THE RUINS OF AN OLD SELJUKIAN KHAN.



OUTPATIENTS.

beds; we had to do this quickly, as the moon was fast disappearing and we had no other light. Our drivers said they would watch by turns, as there were many Turkish robbers in the mountains. We asked them if these Kurds that we were with would not protect us; they answered that in all probability they would steal the things themselves if they found us all sleeping, and say that other Kurds had taken them. The place was full of fleas and they got into my bed, so between thinking of robbers and the fleas I did not sleep very much. My bed was quite a distance from the others. The stars were shining brightly and it was a beautiful night. I lay listening to the bleating of the sheep and the shepherds' call. I thought perhaps it was on just such a night that the angels came to the shepherds to announce our Saviour's birth. It was hard to believe that the mountain was full of robbers and murders also had taken place there. However, nothing of the kind occurred that night, but at three, when I heard the men call the doctor, I was quite ready to get up, as I was chilled to the bone, not being prepared to sleep out in the mountains; we had a small amount of bedclothing with us.

After dressing and packing up in the dark we started off. Our drivers told us that we would meet a village a few hours later, when we could stop for breakfast. The morning air was delicious. At about dawn we came to a little brook, where we stopped and washed and drank. The scenery was very beautiful on these mountain roads, but the road itself was very rocky. Pretty soon we came to a valley with a river running through it, and it was filled with beautiful trees. Several houses were nestling on the side of the mountain. Our young Kurd said

this was where we would stop for breakfast. The houses were owned by Turkish farmers. They were very friendly, and we found we could have a very good breakfast cooked there. We had eggs cooked in olive oil, coffee with milk, and "kaymak," a dried cream. Our breakfast tasted very good after our long ride. Then Dr. C. went to see a sick woman, the wife of one of the owners, who had what appeared to be typhoid fever. It seemed strange that typhoid should be found in that beautiful place, far from other villages. The women here did not cover their faces as other Turkish women but came out and sat with our drivers and smoked cigarettes and seemed very free and easy, quite like the new women of other countries. They offered me a cigarette, which I declined, saying American women did not smoke. I thought afterwards that this was not strictly true. They asked me many questions. My hat and my hair interested them greatly. At first they thought I did not have any hair, as they could not see it. They asked me why I did it up on top of my head; when I said it was our custom they were satisfied, as "adet" (custom) is a very strong power in this country.

We started off again very much refreshed by our rest and breakfast. The sun was now very hot and the road rough; we walked a good deal, as the path was narrow and dangerous and it was hard work for the horses to keep their footing. One of the men bought some melons and cucumbers from a farmer whose garden we passed, and we ate them as we walked along. We met their companion, who had gone to a village to buy food, the day before, at a fountain about two p. m. We stopped there and had our lunch, and then started on the last part of our jour-



MARSOVAN, TURKEY. TWO AMERICAN PHYSICIANS, DR. A. C. HOOVER IN CHARGE, TWO AMERICAN NURSES AND FIVE NATIVE NURSES. A PATIENT ARRIVING AT THE HOSPITAL.



NATIVE ARMENIAN CHILDREN.

ney. We had heard in the morning of the suicide of a young Kurd (a very unusual thing in this country) in one of the mountain villages. He had died the day before, and we met a party of men and women on horseback, his near relatives going on to see him, as they had heard of the accident, but not of his death. They stopped us and one of the women, his sister, asked our men if they had heard how he was; they then swore most solemnly that he was not badly hurt and was getting well. I asked them later why they told such a downright lie: they said: "We did not want to be the bearers of evil news, and if we had told the women of his death they would have shrieked and cried, and then what could we do? But then," they added, "it is all God's will and we have to bear these things." I could not make them see that it might have been better to prepare them a little, and they do not look at lies the way we do anyway.

We found the rest of the way pretty hard, as the sun was very hot and the road was dry and dusty. We reached Devrek about 5:30 p. m. Several men, members of the Protestant community, came out to meet us. At our request they had rented a room for us, and we were glad to get in out of the hot sun. After paying our drivers and adding "baksheesh," they went off happy.



A KHAN IN TURKEY, NATIVE WAGON OUTSIDE.

## Comas

JOHN B. HUBER, A.M., M.D.,

Visiting Physician to St. Joseph's Home for Consumptives, New York, etc.

A COMA is always a very serious condition. It oftentimes presages death within a few hours, or at most a few days. On the other hand, if the kind of coma is differentiated and appropriate treatment is instituted, the patient may be restored, if not to good health, at least to life for a period of months or years. It is a condition of insensibility so deep that the patient cannot be aroused from it, differing thus from mere, transitory faintness or unconsciousness, or from somnolence or lethargy, from which, by comparison at least, restoration is easy.

I shall consider in turn uremic, diabetic, epileptic, hysterical, sunstroke, gaspoisoning, opium, and alcoholic comas, and those which are due to apoplexy. Then, because alcoholic comas are oftentimes mistaken for such as are due to lesions or injuries of the head and encephalon, I shall conclude with a brief account of the latter. It is very important to distinguish the comas one from another, because the treatment is almost absolutely distinctive. In order for such diagnosis there must be the closest observation of symptoms. And here, as I have always believed, lies one of the chief offices of the nurse—to use her faculties in detecting and appreciating diagnostic signs, and in faithfully recording them, so that these valuable data may assist the physician in deciding what the condition is which must be met.

The following are points which should obtain with regard to all comas. We should get the antecedent history of the case if we can. We should note the general condition, especially of the

skin; then the appearance of the eyes; then the head and neck are inspected for wounds and engorged vessels; and the face and the mouth and tongue. We inspect the extremities for edema, paralysis or muscular twitching. The three vital signs—the pulse, respiration and temperature—are examined; and the urine is in all cases drawn (to guard against retention) and tested. Of course all these points will not apply to all cases of coma; but each should be taken into account as a matter of routine.

#### Uremic Coma.

This is a toxemia or systemic poisoning, probably due to the retention of nitrogenous substances which would in health be excreted. We may get a history of kidney disease; of severe occipital headache; of vomiting, nausea and diarrhœa; of paroxysmal dyspnœa (renal asthma), which is worse at night; of delirium or mania; of sudden temporary blindness. This coma is likely to have been initiated by convulsions. The pupils may be dilated. We find the face swollen and pale and the lower lids puffy; there are epileptiform twitchings of facial muscles. The tongue is dry and brown; the breath ammoniacal, as of urine, There may be muscular twitchings, or on the other hand, hemiplegias or monoplegias in the extremities. The pulse will probably indicate arterio-sclerosis; it will be infrequent and of high tension. The respiration will probably be of the Cheyne-Stokes sort; (the breathing is irregular. It will cease entirely for perhaps a quarter of a minute; then it becomes perceptible though very low; then by degrees it becomes heaving and quick; then it gradually ceases again. This cycle in breathing lasts about a minute, during which time there are about thirty respiratory acts.) A slight rise of temperature may exist until shortly before death. The urine may indicate the causal renal disease; it will contain albumen and casts. Either death results, or recovery, with chronic nephritis. A coma recovered from is almost always followed by others, with an eventually fatal ending. In the treatment it is directed to give high rectal hot salines; saline purgation; hot air beneath the bed-sheets, or hot baths. Venesection may be done: nitro-glycerin or amyl nitrite may be given for the high tension: morphine and chloroform inhalations when there are convulsions.

Eclampsia is really a form of uremia which is come upon most in maternity practice; it occurs about once in three hundred pregnancies, and is always a serious and sometimes a very grave condition. In some institutions the mortality from it has been above fifty per cent. As in uremia, it will generally be found that the kidneys have been diseased, and in such a way that toxic substances which are normally excreted are here not eliminated. The symptoms of eclampsia are due to the storing up in the blood of these poisonous substances: the prominent feature consists of convulsions, which end in coma. Throughout pregnancy we have to be on the watch for premonitions. Every month, and as labor approaches every week, we examine if the urine is scanty, or if it contains albumen and casts. Then we are warned by such signs as headache. disturbed vision, mouches volantes edema, gastralgia, nausea, dyspepsia, palpitation of the heart; malaise in general; an abnormal appearance, a rapid

pulse, a coated tongue, foul breath, a dry, harsh skin, a sallow complexion. Of the eclamptic seizure itself we have such premonitory symptoms as sharp pains in the head, the epigastrium or under the clavicle: dizziness, loss of vision. great restlessness, or perhaps stupor, Within a few moments comes the attack. There may be edema, or the skin may be bathed in sweat; the pupils are insensible to light; at first contracted, they may later become dilated; the lids twitch; the eveballs roll. The head is moved first toward one shoulder, then to the opposite side; The vessels are distended. The face is at first pale and then livid; the facial muscles are greatly distorted. The mouth is pulled to one side; the lips and teeth are tight closed; the tongue may be bitten. The spasm, extending from the head and neck, seizes upon the trunk and the upper extremities; the arms are strongly flexed, the fingers are bent over the thumb, and the arms work spasmodically to and from the median line, in front of the chest. thighs may be flexed upon the abdomen, but otherwise the lower limbs are rarely affected. The pulse is rapid and strong. The spasm includes the respiratory muscles; there is jerky breathing, and a sucking sound through the compressed lips and teeth. The temperature is likely to rise higher with each convulsion. When we catheterize and heat a spoonful of urine over a lamp, it will become almost solid because of the coagulated albumen. Each convulsion lasts a minute or two; consciousness is lost during them, and with each recurring fit the stupor deepens until there is unbroken coma.

The following is a resume of the treatment of this condition as set forth by Dr. Hirst in his admirable book on obstetrics: Where there is a gestational toxemia the diet should be mainly of milk; meat, eggs, fish and the stronger nitrogenous vegetables should be excluded. There should be a laxative at bedtime, copious draughts of water, and from time to time a refrigerant diuretic. During the attack itself chloroform is to be administered. Immediately the attack has passed off fifteen drops of the fluid extract of veratrum viride are injected under the skin and a drachm of chloral is given in solution per rectum. Two drops of croton oil in a little sweet oil are placed on the tongue; this will prove effective whether the woman can swallow or not. Three or four blankets are wrung out in very hot water and the nude body is enveloped in them, wrapping one around each limb, covering the trunk with another, and piling over all as many dry blankets and heavy coverings as can be secured. For the hot wet pack a hot vapor bath may be substituted; this may be done by heating half a dozen bricks on a kitchen stove, wrapping them in bath towels, disposing them about the trunk and lower limbs, pouring a pint or more of alcohol over them, and then covering both bricks and patient with blankets. We inject by gravity under one or both breasts a pint or more of normal salt solution; or if apparatus for

subcutaneous injection is not at hand, several quarts into the rectum. four hours we repeat the Every sweats and the salt solutions. If the pulse continues tense we repeat the veratrum viride in five-drop doses. We venesect if the face is congested and swollen, withdrawing sufficient blood until the pulse is no longer full and bounding. If the convulsions persist and are violent we may repeat the chloral two or three times. A pale face and a rapid and weak pulse may require stimulation in the shape of digitalis, strychnine, nitroglycerin, brandy, ether, or ammonia by the needle. If the convulsions cease and the patient lies in a stupor, but can be aroused to the extent that she can swallow, dessertspoonfuls of a concentrated solution of epsom salts are given every fifteen minutes until free catharsis is established. We do not attend to the delivery until we have succeeded in subduing the eclamptic attacks. Such patients are particularly liable to fatal shock from violent delivery or unusual operative measures. By waiting a brief period, during which we apply ourselves energetically to the treatment of the convulsions, sufficient dilatation of the os occurs naturally to permit delivery without excessive violence or loss of time.

(To be continued.)

#### A Christmas Carmen.

Blow, bugles of battle, the marches of peace; East, west, north and south let the long quarrel cease.

Sing the song of great joy that the angels began,

Sing of glory to God and of good will to man.

—WHITTIER.

## Teaching Disinfection

CHARLOTTE A. AIKENS.

A MONG all the things which the modern nurse should thoroughly understand before she goes out as an independent worker, the subject of practical disinfection should come pretty close to the top of the list. Experience with and observation of a considerable number of graduate nurses leads me to believe that a great many nurses leave the training school with exceedingly hazy and uncertain ideas regarding this subject. Ask some senior pupil nurses how much salt or formaldehyde or anything else they would need to make a four per cent solution, and they will look at you in blank amazement. They have made salt solutions and formaldehyde solutions, but they never made four per cent solutions, they may tell you. A little further questioning will elicit the information that the hospital always keeps a table of disinfectant solutions pinned up on the wall which contained the quantities of the drugs needed to make the solution in the strength that was commonly used. Many nurses have made solutions according to those directions, mechanically followed out orders, without their attention ever having been called to the principles by which the required amount was arrived at. They will perhaps tell you they intend to copy that list and take it with them when they leave the hospital. That any doctor might have the hardihood to ask them to make a solution not provided for in that list-well, many senior nurses have not reasoned as far as that.

If you question them as to the why of "intermittent sterilization," they may learnedly begin to talk about germs and spores, but if you push your questions a

little farther and ask in what diseases they expect to find spores, they will begin to look blank again. Do the typhoid fever or tuberculosis germs produce spores? They do not know. Go through the list of diseases and ten chances to one you will find that they have been told something about spores and left in a blissful state of uncertainty as to when they are likely to encounter them. Nurses may or may not be overtrained, who knows? but very few are overtrained in the theory and methods of disinfection.

Not long ago I asked a graduate of 1907 how she would fumigate a certain room; how much sulphur and how much formaldehyde she would use; how she would go about it to find out how much was needed; what principles would guide her in her preparations, etc. She said she would close the windows and stop the crevices and pour "a little" formaldehyde on a sheet. When I asked her how much she meant by "a little," she could give no definite amount. There was an utter lack of accuracy about the whole answer. When asked about sulphur fumigation she knew still less. It had never been used in the hospital and she had no more idea as to the amount of sulphur she ought to use to fumigate a room of that size than the untrained housewife.

I asked another nurse for a list of substances or articles for which she would use bichloride as a disinfectant, what strength she would use the solution in each case, and how long exposure she would consider was needed. Her answer was interesting because of what it did not tell about the questions, and yet

these are practical matters which a nurse has to decide or work at without deciding, practically every day she is at work.

I asked the same nurse how long exposure of the infected substance to the disinfectant she would consider necessary in a variety of articles, and what conditions might modify or hinder the action of the disinfectant. She knew they had been told in the hospital to keep the steam sterilizer going for an hour in sterilizing for surgical work, but beyond that she had no definite idea as to the length of exposure needed, or the conditions which might aid or hinder the disinfectant in its work. Yet she had been taught by a superintendent who was a graduate of one of the oldest, largest training schools in the country, a school that gives a three-year course, an eighthour day and is supposed to be up-to-date in all respects. The nurse herself had taken a three-year course in a small hospital.

I asked another nurse how long, when she was sterilizing articles by boiling, she would consider the process required. She promptly replied: "Half an hour." "Do you always sterilize your catheters half an hour? What about rubber gloves. etc.?" She said, just as promptly, that she did not: that she did not, as a rule, boil either more than ten minutes. Now. as a matter of fact, her practice was pretty safe, for one of the widely quoted authorities on the subject of disinfectants states that boiling kills the germs of cholera, diphtheria, plague, tuberculosis, typhoid fever, pneumonia, erysipelas-practically all the diseases due to non-spore-bearing bacteria-at once. He also states that to destroy the infection of anthrax, tetanus and other spore-bearing bacteria, two hours' exposure to moist heat at boiling point is necessary.

But the point is the nurse did not know these practical facts, which would at least have given her assurance in her work. The whole process of disinfection in many schools is mechanical, and the teaching vague and uncertain, when it ought to be accurate and intelligent. In the disinfection of typhoid stools the disinfectant is often applied to the infected substance, but it is emptied into the sewer before it can do the work for which it is used, in a great many hospitals. Some authorities state that for true disinfection some of the chemical substance should be placed in the vessel that is to receive the dejecta, more added afterward, the mass thoroughly mixed, and the exposure should be not less than one hour; that when urine is incorporated with the stool a stronger solution or greater amount is needed, since the urine acts as a diluent to the disinfectant and weakens its action. Yet I have met a great many graduate nurses who seem not to have been taught some of these simple, practical points about this important subject—at least they have not been taught in such a way that they could state these facts definitely. Perhaps it does not require an hour for this work. Then the question is how long does it take? Should not nurses be given definite instead of indefinite teaching about such matters?

A nurse graduate from a large school told me that the only disinfectant solutions she had ever made in the hospital were corrosive sublimate and normal salt. The former she made from a stock solution sent from the pharmacy. All the other solutions were made by the pharmacist. This is not a common condition, yet I have no doubt it could be multiplied many times. One superintendent gave as a reason for this that "the nurses broke

so many solution bottles," and she had "one or two cases of severe burning because carbolic acid crystals had not been thoroughly dissolved when the nurses made the solutions." It seemed as if these difficulties might have been overcome by requiring the solutions to be dissolved in boiling water and cooled in unbreakable containers before being put into the glass solution bottles.

It has often seemed to me that if less time were spent in unprofitable discussion of the relative advantages of a two and a three-year training and the superior advantages of training in a large hospital as compared with a small one, and more time were spent in getting down to the details of practical teaching, where it is weak, how it may be improved, we would make more real progress.

In the final analysis the easiest and surest way to "elevate the standards of nursing" is to take each subject that needs to be taught and study how we may improve in our methods of teaching one subject at a time. There is a vast

field here for experiment and discussion. Nurses who are out in the field of private nursing have all, doubtless, if they have honestly thought about it, felt as if their training was weak or deficient in some one particular, that the teaching in many ways might have been improved. Were the lessons in hygiene sane and practical and helpful? Were the lessons in materia medica sufficient or insufficient for the needs of the nurse in ordinary practice? Did the nurses go out with a good practical working knowledge in dietetics? What suggestions have you to make whereby the course in any line of instruction given in your school could be improved? Sane, helpful criticism, calling attention to the weak points and suggesting how these might be strengthened is what is needed at the present time. Without any radical overturning of present methods of management of training schools, there are great possibilities of improvement in our methods of teaching along practical lines if we only take up the details and study them patiently.

#### Christmas Carol.

God rest ye, little children; let nothing you affright,

For Jesus Christ, your Saviour, was born this happy night.

Along the hills of Galilee the white flocks sleeping lay,

When Christ, the Child of Nazareth, was born on Christmas Day.

-D. M. MULOCK.



## The Professional Anesthetist

MERTIE SHANE STEWART, R. N.

THIS is unquestionably a day of specialists. The newspapers are full of their announcements. Their signs are displayed on every side and the mails are flooded with their literature. To a certain extent, so long as ethical bounds are not overreached, this is all right, provided the specialist has made a thorough study of his or her chosen subject and is able to give a higher grade of service than the general practitioner.

There is, however, one line of our work that has not received the attention it should by either the medical colleges, nurses' training schools or the professions after graduation, and that is the administration of anesthetics. This has been looked upon as a sort of "side issue," or unimportant part of the work that could be looked after by any one not needed for something else. This is especially true in private practice and in the numerous small hospitals that are becoming so thickly scattered over our country.

I have been assistant to a surgeon for the past ten years and during that time I have seen anesthetics administered by scores of physicians and nurses, and in as many different ways. I have also anesthetized hundreds of patients myself and am becoming more and more convinced that this part of surgical work has not received the recognition that its importance warrants.

The patient is satisfied if he has "a doctor" to give the "chloroform." He feels that he is in skilled hands, and well it is for him that he feels so; but many of us know that the average doctor

has little or no special training in this work at time of graduation.

One physician, a graduate of one of our most reputable Eastern colleges, told me that he had never given an anesthetic while in college only as he had assisted outside doctors. And many others have told me that they had almost no practical training while in school. And when the medical student is allowed to act as anesthetist his mind is more apt to be occupied with the procedure of the operation than with his part of the work and, with two or three splendid exceptions, I have found this to be true of the aftergraduate also. For this reason, if for no other, a specially trained nurse makes the best anesthetizer. Her interests are undivided. She will give her entire attention to her part of the work.

No person can administer an anesthetic properly and learn the art of surgery at the same time. Either part is enough responsibility for one person. Therefore, the surgeon should not be annoyed by an incompetent anesthetizer.

The nurse selecting this as her field of labor should not be satisfied until she has mastered it thoroughly. She should familiarize herself with the different anesthetics and their effects upon the human system under different and all conditions, first, by studying the best literature procurable upon the subject. Much can be learned by visiting different hospitals and observing the various methods employed and the results obtained. Secure permission to administer anesthetics for a few weeks in different hospitals under the directions

of the regular anesthetist. This will give practical experience which is so necessary, and also the opportunity to test different methods.

Do not announce yourself as a professional anesthetist until you understand every phase of your work, until you know just what to look for and what to guard against, just how to meet every emergency intelligently, promptly and quietly, without exciting or annoying the surgeon. Such an anesthetist would be a treasure indeed, and would certainly be in demand, not only in hospital work, but in private practice, office and dental work as well.

It has been my pleasure and privilege to see hundreds of patients anesthetized by Miss Alice Magaw, for fifteen years chief anesthetist to St. Mary's Hospital, Rochester, Minn. (which position she resigned this Summer to assume the duties of housewife). Her thorough mastery of the work and calm assurance was gratifying to spectators as it must have been to the surgeons.

## Christmas in the Hospital

LUCY WHITE.

HRISTMAS EVE! Two rows of beds and in the centre two long tables and a big centre fireplace and mantelpiece. A few listless white faces betraying little interest in the proceedings-many more watching keenly all that goes on, some little ones hardly able to lie still for excitement and a sprinkling of favored ones up and about, fixing up paper lampshades and doing what they can to assist in the work of decoration. This is being mainly carried on by the ward sister and several volunteers from outside, the women directing; the men tieing up evergreens, festooning the mantelpiece, etc. The nurses help here and there, but mostly are busy seeing that the patients are not forgotten.

When evening comes what a transformation! The glare of the electric lights has been softened by prettily arranged yellow paper shades, over each bed a tiny yellow-shaded lamp shines; evergreens wreathe the big mantelpiece,

and the two long tables are decorated with trailing fern and smilax, among which gleam little yellow fairy lamps.

Then all lights except the fairy lamps go out and the occupants of the ward settle down to sleep; all, especially the little ones, in eager and wondering anticipation of the morrow.

But before sleep has had time to visit any of them the silence is broken by singing in the distance, and the strains of a Christmas carol fill the darkness. dies away as the carollers slowly file down a far passage to sing to the sufferers in the isolation ward; then, as they cross the grounds back to the main buildings, the singing rings out on the night air. Let us go with the procession, as it winds through the hospital. All the nurses are there in uniform walking two by two, each carrying a Chinese lantern. The choir of one of the churches in the town has offered most welcome help, and following the nurses comes a pro-

cession of choir boys and men, in their white surplices, supplying a rich fulness of melody not attainable by the nurses alone. From ward to ward they go, singing two or three hymns and carols in each. In one ward a father watches beside his dving son, watches to see if the music wakes any response, but the lad stirs not nor shows a sign of consciousness. One ward has red-shaded lamps and pink lights, another Japanese shades; in yet another all the light comes from the twinkling of a number of variously colored tiny electric lamps on the big Christmas tree, to be the source of delight on the morrow.

So at last back to "our own" ward, where the singing has been long waited for and is certainly not least appreciated.

Dear old Christmas hymns and carols! We sing them all in the Christmas atmosphere with all our hearts, and long after they echo in our ears. Then dawns Christmas Day. Some of the patients have managed to get cards for their nurses and for their own particular friends in the ward. All faces are bright, all greetings cheery. There is no time and no excuse for anyone to feel lonely or neglected. All except the very urgent cases are let off all medicine today, and rules of diet are relaxed in all but two cases; several have their first taste of meat for a long time in the shape of a delicious fat turkey, presented to the ward by the husband of a former patient.

How they all enjoy their Christmas dinner, tiny though the helping of some has to be! The turkey, followed by plum pudding, brandy poured over it and set alight, burning the holly on the top in the proper, old-fashioned way!

The afternoon is taken up with entertainments of various kinds. Some of the nurses form a strange menagerie of wild animals; masks for their heads and their identity further hidden by dressing gowns, cloaks and red blankets. Some patients are rather startled at first, but when they realize these are only their old friends, though in such "questionable shapes," how their laughter echoes through the place. Their enthusiastic showman, one of the resident doctors, also distributes useful gifts, mostly of warm clothing, to all the spectators at the end of each exhibition.

Then comes a large tea party in each ward, followed by an amusing little play, got up by some of the nurses with a little help from outside. And if new Irvings and Ellen Terrys hardly come to light, at any rate no actor, however great, could boast a more appreciative audience.

Some of the wards send visitors to the others and postpone their entertainment, concert, or whatever it may be, till the following day, when compliments are returned, so that as many as possible from each ward may have the benefit of each entertainment.

The day ends at last with a supper given by some of the sisters to the nurses. They have worked hard, and they now do more than justice to the good things provided, but at last all the merry talk and laughter die away and bed is sought.

Yes, it is worth all the trouble, to be thanked for having done so much to help those away from home to have a happy Christmas, to know that some little ones have had, indeed, a happier time than they could have at home, that some are even glad to have been there to share it all. Truly, the way to have a happy Christmas is to try and give one.

"Make others' happiness this once your own, All else may pass; that joy can never be outgrown."

## Outside the Gates

IONA GRATIA WILKINS.

H AYWOOD was so proud of his new responsibility, so anxious to see his little son, so eager to take Her in his arms and give Her the Christmas surprise that gleamed in the jeweler's box in his pocket, that as he hurried past he hardly noticed the Bum who stood outside the hospital gates, shivering and uncertain.

An hour later Haywood left, subdued by the whiteness of Her face, touched to the heart by the frailty of the tiny hands he had held in his. The Bum was still there.

"Say," he demanded, "did 'dey let youse in dere to see any one?"

His grimy hands were shaking—eagerness shone through the bleary film of his eyes.

"Yes," Haywood answered, wonderingly. "My wife and baby are there. Have you——" The Bum nodded emphatically.

"Ye-uh; Mame and de kid. She's been dere a week now—I didn't know it till I got out de city boardin' house dis mornin'."

Haywood understood without asking questions. The man's story was in his face, his bearing, his clothes. He was a derelict drifting to the deep waters of eternity, to be seen on the way only by the look-outs of the station-house, the Island, the morgue.

"I t'ought I'd take a look at 'em before I went back. It's a sure t'ing to-morrer or next day. It's too dead easy to get a hand-out 'round Christmas. It'll be 'Good mornin', Judge, fer me, all right, but I'd like to see her foist an' give her dis fer de kid's Christmas."

He took a package from under his coat and unwrapped it. It was a doll, wonderful in yellow curls and brilliant cambric skirts. "Dat cost me a night's lodgin' an' a drink," the Bum said, proudly. "But it's all right—kids like dem t'ings."

"Are you sure your wife is here? Did you ask to see her?" asked Haywood.

His wife had a private room, a special nurse and all the accessories for comfort. Things went differently in the wards, he knew, but it hardly seemed fair that a fellow should be so completely shut out.

"Sure. She's dere all right. Dey said so in de office. But it ain't visitin' day till to-morrer. Dey said I could send up woid, an' I told 'em to tell Mame to come to de winder wit' de kid, but I've been waitin' 'bout t'ree hours an' nuttin' doin'."

"But you can go in and see her tomorrow," commenced Haywood.

The Bum was a fatalist. He shook his head.

,"I've got to beat it down de street pretty quick, an' to-morrer I won't be in no shape to be visitin' hospitals," he said, and his eyes turned longingly to the corner where were the polished mirrors in the window, the wreaths of holly, the short, swinging doors—all calling him away to them.

"All right, old fellow," Haywood said quickly. "I know the superintendent pretty well, and some of the others. Perhaps I can get you in to-night. Wait till I come out."

The regulations of a big hospital are

not easily set aside. It was some time before Haywood emerged, triumphant.

"Come on," he said. "I've fixed it."
The elevator stopped at one of the upper floors and a nurse came down the

He followed the nurse on tiptoe down the ward, then stood silent by one of the narrow white beds, where Mame lay sleeping. He fair hair fell in a heavy braid over her shoulder, her face was



MADONNA AND CHILD, PAINTED BY YPERMAN.

long, dim ward. "The doctor says you are to see your wife," she said quietly, "but she is asleep, and so is the baby. I can't wake them up, for it would disturb the whole ward."

"Kin I just take a look?" whispered the Bum.

turned toward the baby who had fallen asleep in her arms. She was thin and white and pinched, but even as she slept her face was exquisite in its dawn of love and protection.

The Bum stared down at her until the nurse touched his arm and whispered:

"You must go now." He blinked rapidly, laid the gaudy doll on the little glass table by the bed, and followed her from the ward.

Haywood had waited for him, and as they went down the steps together, his hand went into the inner coat pocket for his bill-book.

"None o' dat fer mine," the Bum protested, gruffly. "Yer can give Mame some if yer wanter. It's me fer de bright lights now. Much obliged."

He swung away across the lawn on a short cut to the corner gate which would lead him to the mirrors, the holly, and the swinging doors. The way led past the hospital chapel and he glanced indifferently through the open door. Glanced, then stood motionless. There in the stained glass window before him stood the Mother of Christ. Her face was alight with the love of motherhood eternal, and close against her breast she held the Babe of all humanity.

"That — looks — like — Mame," he gasped. From the street corner came

the sound of ragtime on a piano, and the lights twinkled brightly.

But the Bum took off his hat and stood with face uplifted as into his sodden mind there filtered slowly the meaning of that first Christmas Day. Thinking was as hard work to his untrained mind as was resolution to his untrained soul. "Hogan's always bin willin' to gimme a job," he muttered.

He went slowly to the corner gate, then stood there, hesitating. Then his feet involuntarily dragged themselves toward the swinging doors.

"What's de use?" he muttered. "I couldn't keep——" He turned to the window again.

A lounger on the corner looked up in mild surprise as the swift pounding of feet came to his ears. "I t'ought youse was a fire engine," he remarked wittily to the figure that went past him.

There was no answer save the clatter of the Bum's shoes as he ran desperately past the alluring lights on his way to Hogan—and "de job."

#### Souvenir Book

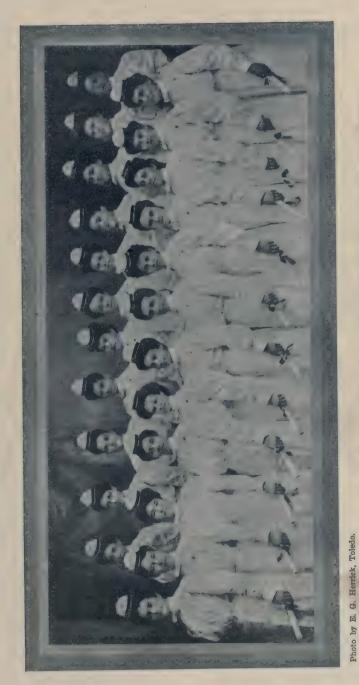
Colorado Souvenir Book for the International Congress on Tuberculosis. Price 25c. To be had only from the Exhibition Committee of the Colorado State Organization of the International Congress on Tuberculosis, 823 Fourteenth street, Denver, Colorado.

This souvenir is a book of over 190 pages of straight reading matter and excellent illustrations, which contains some of the most beautiful views of Colorado, a land of beautiful views, that we have ever seen.

But its value does not lie in its mere for it, and hit upon twenty-five beauty. It contains also some very valuable being sufficient to cover postage, climatic maps and tables on statistical information based on the reports of the National book we advise them to enclose a Weather Bureau. A nurse interested in the injury for it, and hit upon twenty-five being sufficient to cover postage, other expenses. If our readers so book we advise them to enclose a weather Bureau.

fight against tuberculosis should get the book for these alone.

It should be mentioned that the book was distributed free to the members of the International Congress and to the members of the Colorado State Organization. The work is so handsomely illustrated that there was some fear that many would ask for it simply for the pictures, and not through any interest in tuberculosis. It was for this reason that the committee decided to charge a nominal price for it, and hit upon twenty-five cents as being sufficient to cover postage, clerical and other expenses. If our readers send for this book we advise them to enclose a card, showing that they are trained nurses.



GRADUATING CLASS, ST. VINCENT'S HOSPITAL, TOLEDO, OHIO. (See Nursing World.)

## Department of Army Aursing

DITA H. KINNEY
Superintendent Army Nurse Corps

THE discharges since the last army notes are: Alice Cecil White and Elizabeth Gore from the General Hospital, Presidio of San Francisco; Mary E. Nagle and Catherine Smith are under orders to their homes for discharge, and Mary D. Macdonald is at home awaiting discharge.

The appointments are: Mrs. Mary Virginia Corbett, graduate of St. Joseph's School, Yonkers, N. Y., 1901. Mrs. Corbett has served as Head Nurse at East End Hospital, Pittsburg, and has also had duty on the Isthmus.

Henrietta Davidson, graduate of the Protestant Episcopal Hospital, Philadelphia, 1902.

The transfers are: Elizabeth Kurzdorfer from the General Hospital, San Francisco, to Fort Bayard; Mary E. Holliday and Edith J. Hess are also under similar orders; Sigrid C. Johnson and Valeria Rittenhouse, having completed their tour of duty at Fort Bayard, will be ordered December 1 to report to the commanding officer of the hospital at San Francisco: Chief Nurse Clara B. White has been relieved from duty at Zamboanga and ordered to the Division Hospital, Manila, to await the sailing of the first available transport for San Francisco; Frances Nowinskey, from the Division Hospital, Manila, to the Military Hospital, Zamboanga.

The Superintendent of the Army Nurse Corps takes this means of rectifying a mistake made in one of the recent notes which accused Miss Bertha Billiani of having committed matrimony. Miss Billiani writes and says: "Please contradict this in your next report," which the Superintendent begs herewith to do, with apologies.

The seven army nurses who are now members of the Navy Nurse Corps recently entertained the Superintendent of the Army Nurse Corps at dinner. At a beautifully decorated table, presided over by Miss Hasson, were assembled Miss Martha Pringle, Chief Nurse, Navy Nurse Corps, and the Misses Hine, Hewett, Cox. Myer, Knight, Victoria White, Chief Nurse (unassigned), Navy Nurse Corps, and Mrs. Hasson, the two last named the only ones at the table who had not at some time been a member of the Army Nurse Corps. The dinner was given in the Nurses' Ouarters and was greatly enjoyed by all who were privileged to be present. The after dinner hour was spent in reminiscences, and the Superintendent of the Army Nurse Corps felt that she had not only been the recipient of a graceful compliment, but had been rarely privileged to see the Navy Nurses in their delightful home.

The Navy Nurses' quarters, pending the completion of the Nurses' home in the hospital grounds, are two connecting houses three blocks from the hospital. There are a number of single rooms which were assigned to the late army nurses. Miss Hasson and her mother

occupy a third house next door to the Nurses' Home.

The Navy Nurse Corps is especially fortunate in being able to have the benefit of a series of lectures from the various navy medicos on duty here in Washington. The privilege of listening to these has been extended to the Superintendent of the Army Nurse Corps, and she would have given a good deal had all army nurses been able to hear the second lecture given by Dr. Braisted, first assistant to the Surgeon-General of the Navy. The subject of the lecture was "Naval Hospitals and the Duties in Such Hospitals," but Dr. Braisted's remarks were quite as applicable to us and our corps as to the Navy Nurses. Dr. Braisted dwelt at considerable length on the attitude of a military nurse toward her work, and after setting forth some of the special reasons why she should regard her place as an honor and why she should carry herself with special dignity and discretion, he went on to explain that the one great motive, which should underlie all others, should be patriotism. If a proper sense of what this really means was ever present, many annovances, inconveniences and small irritations would so dwindle into insignificance that they might well be considered not worth noticing. Dr. Braisted's words were at once an inspiration and a

reproof, and with these still ringing in her ears the Superintendent read in the current issue of The Outlook (Nov. 7, 1008) an article which all nurses might peruse with profit, called "Everyday Patriotism." by Prof. W. H. Burnham, the same being an address given on Memorial Day of this year in Dumbarton, New Hampshire. Prof. Burnham says: "The essence of patriotism is the sacrifice of personal interest to public welfare. If then the essential thing is the giving up of the individual's own interest for the sake of the group of which he is an integral part or the rendering of some service to this group, we see at once that this great virtue may exist anywhere wherever individuals bound together, and the essential character of this virtue is the same no matter what the size of the group (the body of 100 sister army nurses or the Nation made up of a sisterhood of States). And so it comes to pass that patriotism is not something far off that concerned our forefathers forty or fifty years ago, but a duty and a virtue which comes very close to all of us, particularly to the military nurses. The rendering of service to the special group to which we may belong is an actual training in patriotism. Learn, then, this lesson—a lesson so simple that we are liable to ignore itnamely, the lesson of lovalty, of service, and of sacrifice."

#### Personal.

Miss Margaret Coyne, R. N., Troy City Hospital, 1908, has accepted the position of superintendent of nurses in the St. Bernard's Hotel Dieu Hospital, of Chicago, Ill.

Misses L. V. Jones, B. O'Bryan and A. E. Coogan were delegates from the Graduate Nurses' Association of Charleston at the an-

nual meeting of the South Carolina State Graduate Nurses' Association held in Columbia, S. C., October 30, 1908.

Miss Catherine Kelley, R. N., Troy City Hospital, 1908, recently completed a postgraduate course in the Sloane Hospital, New York City.

# Editorially Speaking

#### Not a Professional Question

THERE is much agitation at the present time over the refusal of the Associated Alumnae to adopt resolutions favoring woman suffrage. This action of the Associated Alumnae received our hearty approval. It was one of the best actions ever taken by that body and the only correct disposal of the question by an association of professianal nurses. TRAINED NURSE is a magazine devoted to nursing and published in the interests of the nursing profession. It recognizes neither race, creed, cult nor party, and is concerned only with matters distinctly within the province of the nursing profession, or directly affecting it. Its policy is unaffected by any organization, nor has the editor a personal opinion not in conformity with the policy of the magazine. The editor's conviction is THE TRAINED NURSE'S policy.

We saw no reason for further consideration of the action of the Associated Alumnae on the question of woman's suffrage than its mention in the report of the convention. We see now no reason for any consideration of woman's right to vote. That is a subject distinctly and manifestly outside the province of our pages. But the subject has not been dropped with the decisive action of the convention. It is being forced upon the profession. We are receiving personal letters relating thereto, we are urged to "define our policy," to give the matter our consideration and approval. Nurses' associations the country through are receiving a circular letter asking them to

take up the subject at one or more of their regular meetings. Information how to obtain a speaker for these meetings and reading matter relative to the subject is offered. In short, a vigorous campaign is being instituted to win the consideration and approval of the nursing profession for the cause of woman's suffrage.

In view of these conditions, we feel that a statement of sane, plain facts is due our readers.

The question of woman suffrage, or "equal political rights for men and women," is entirely outside the province of the profession of nursing. Its consideration is entirely outside the province of any nurses' association. Its support by the individual nurse in her work, or as her profession's representative, is unprofessional and non ethical. The attitude of the profession is, and must be, non-partisan and neutral on any subject not directly its own concern.

The profession's work inevitably overlaps some of the sociological and municipal problems of the day, but the profession's interest and right to a voice extends only just so far as these problems require the profession's service. The profession has no more call to consider much less to indorse or condemn—a question such as this than it has to cast its vote of approval for one or another political party, religious creed or school of medicine.

One State association has already adopted resolutions defining its position toward the question. These resolutions are printed in this number of The

TRAINED NURSE, and we will quote here but briefly: "A subject beyond the limits of our profession's consideration, and one on which it has no reason for deliberation or right to an opinion."

We would suggest before any one condemns the action of the Associated Alumnae a careful reading of the constitution of that organization. We doubt if anything can be found that warrants a convention in considering "equal political rights for men and women." We suggest further that each nurses association study its constitution, the statement of objects for which the association was formed, and see if it finds warrant for the use of even one of its meetings for consideration of "equal political rights for men and women." All this before the question of whether the organization approves or disapproves of woman suffrage.

There is no reason why a nurse should not believe in and work for woman's suffrage if she so desires. But she must do this as an individual woman, not as a trained nurse.

### Training in Hospital Management

An editorial article in an exchange, in discussing the Hospital Economics course in Columbia University, calls attention to the fact that "the list of instructors and lecturers includes a score of names." To those who are familiar with the inside workings of hospital schools, the announcement of a score of different instructors among whom the course was to be divided will not arouse any special degree of enthusiasm. The multiplicity of lecturers has been one of the weak points in hospital schools from their beginning. It has caused discouragement, perplexity and embarrassment in schools innumerable. Apparently it seems to be

very much easier to secure instructors for the Hospital Economics course than to secure pupils, for, if we are correctly informed, in nine years only twenty-five nurses have finished the course, and at no time until the present has the class in training numbered more than half a score. The report for 1907, which stated that its ninth year of work had begun, also stated that the average number of students had not exceeded six yearly. But they have a score of instructors!

The modest announcements sent out by the Massachusetts General Hospital, Boston, and the Grace Hospital, Detroit, concerning the course in hospital management, recently inaugurated in those hospitals, sets forth no long list of instructors in hospital management, but the conviction seems to prevail among a large number of practical, experienced hospital superintendents that a practical course in a hospital, under the supervision of such men as Drs. Washburn and Babcock, and many others who are contemplating such courses, offers many advantages over the more showy course outlined by Columbia University. Visits to institutions are valuable, but will any one claim that visits here and there as observers of methods used in a dozen or more different hospitals-a plan highly lauded in the Columbia course-will compare in value to the student to actual life in a hospital where practical methods of management are taught her every day by an experienced superintendent, who is familiar with each department of hospital work, and where the nurse student in hospital economics acts as assistant in the various departments. Anyway, cannot the nurse visit institutions as an observer without having to enter Columbia University? Have not nurses

been doing that very thing for years, independently?

Are any of the superintendents of prominent New York hospitals numbered among the score of instructors? If not, why not? Certainly we have in New York City medical men and laymen who are the peers of any hospital administrators the world has seen, but, evidently, when it comes to teaching hospital economics, a college professor who knows little or nothing about hospitals is preferred.

Have the graduates of this course produced any special results in hospital or training school management that have not been attained by hundreds of capable women without it? A serious criticism has been the failure of some of the graduates of this course as disciplinarians, and their general attitude toward the work of the hospital.

It is easy to get up a showy announcement containing the names of a score of instructors, and an elaborate syllabus. It is a different matter to produce results. A vast amount of energy and a good many thousands of dollars have been spent in the last six or seven years on that course. Where are the results? Does any sane man or woman, do even its most sanguine promoters, do the nurses of the country really believe that that course will ever materially influence the hospital work of the country? Nobody is going to interfere with the nurses of the country paying out their dollars to carry on the experiment with the theory, but let us rejoice that the practical hospital superintendents of the country are at least undertaking the problem of training in hospital management, and making it possible for a nurse to get a working knowledge of hospital administration without

being taxed to the extent of \$600 a year to get it.

#### Just Remember

THE great demand at the present time is not for nurses who can fill the few special positions that we occasionally hear of, but for the nurse who is kind, obliging, willing and sensible, who can do the ordinary work required of a nurse in the-ordinary home, in a sensible, practical way, at a price which the average man can pay. Most of the people in this world are "common people," and in spite of all that has been said about the new lines of employment opening for nurses, it must be admitted that but a very few nurses are needed as yet for these newer occupations, while the world in general needs about the same kind of nurses it has always needed.

We can rejoice in all these new avenues (there are not so very many after all), but let us not be carried away with the idea that because a few nurses have gotten positions as tenement house or bake shop inspectors that therefore all nurses should be required to take a training that will fit them for such positions.

And while nurses may rejoice in the right to inscribe R. N. after their names, let them use it sensibly. It is not an academic degree and never will be. In many States the engineer and fireman who attend the hospital heating plant and the plumber who stops the leak in the pipe are also "registered."

It is quite true, as a speaker at a recent convention remarked, that however many degrees and certificates a nurse might possess, "the public has a couple of degrees of its own which it will confer on a nurse independently of any others which she may possess. Those degrees are O. K. and N. G."

#### An Ethical Question

How much should a district nurse tell to her board members regarding the circumstances, family secrets, etc., which come to her knowledge in the homes of the poor which she visits? This is a question that is perplexing at least one district nurse at present. It is a difficult matter to decide. The doctor's position regarding this matter is clearly set forth. The nurse's position is not always so clearly defined. A "modified oath" which the nurses of certain schools are required to take at graduation contains the following clause: "Whatever I shall see or hear of the lives of men and women, whether they be my patients or members of their households, that will I hold inviolably secret." This clearly seems to cover the case, but somehow there is still a lingering feeling that it does not dispose of the question at issue.

The existence of visiting nurse or district work depends at first on the interest of a few. If the work is to grow the interest must be extended, and telling about pitiful cases that have been helped, is one of the ways used to create interest. This is one side of the question. On the other side is the fact that the home of the poor is as sacred as the home of the rich. The nurse enters the home because misfortune calls her there. Because the poor man is only able to pay a little, or perhaps nothing, is it any reason why his private affairs and confidences should not be respected? Is there any reason why the family secrets of which the nurse learns in those homes should be communicated to a board of twenty women, some of whom may in turn be expected to tell others? board members are not discreet. Many

of them undoubtedly are, but the fact remains that matters learned regarding families and individuals through attendance at board meetings have been made subject for gossip by well-meaning women. In small places especially this may act very detrimentally to the patient. "How much should the nurse tell regarding family secrets to her board?" The question is still unanswered. Has any reader an opinion on the subject?

## Christmas Greeting

It has been our custom to greet our subscribers every year from this column at Christmas time. Mingled with our greeting there was usually to be found a dash of philosophy, a boost for optimism and a gentle, kindly spur for the flagging spirit upon the rugged road which leads to the enthroned Ideal.

But this year we will content ourselves with wishing you all a Merry Christmas and a Happy and Prosperous New Year! For we have found a more eloquent philosopher and moralizer, and a better expositor of the ideal. We refer to Dr. A. F. Bristow, of Brooklyn, N. Y., whose article in this issue, "The Value of Training," is an exposition of the purest ethics and an inculcation of the highest ideals of work, duty and utilita-Although delivered before pupil nurses, its application is universal and therefore personal to every nurse. We advise every nurse to read it carefully and thoughtfully. You will enjoy it better than our annual homily, and will be the better able to enter upon the new year with the buoyant spirit, the strengthened determination and the clearer and higher ideals which The Trained Nurse wishes for every one of of you.

# The Hospital Review

Homes for Epileptics in America. E. M. Swainson.

Perhaps it would be well to mention a few of the beautiful homes for epileptics in this country before giving some little account of them: Craig Colony, Sonyea, N. Y.; the Ohio Hospital for Epileptics, Gallipolis, Ohio; the Pennsylvania Epileptic Hospital and Colony Farm, Oakbourne, Chester County, Pa.; New Jersey State Village for Epileptics, Skillmans, N. J.; Emmaus Asylum and St. Charles in Missouri; Massachusetts Hospital for Epileptics, Palmer, Mass; Hospital for Children, Baldwinville, Mass.; Silver Cross Home, Port Deposit, Md., and the Michigan Home at Lapeer, Mich.

There are many institutions for feebleminded where epileptics are received and cared for, but it is not thought wise to mix them, and it is hoped that in time every State will have a special home for this class of patients.

Craig Colony, the largest institution of this kind in the country, was founded in 1894 and opened in 1896. It is at Sonyea, in the Genesee Valley, called by the Indians "Beautiful Valley," and, in truth, it is a fair and lovely spot, with the Cashaqua Creek flowing through the midst of it. The different houses are spread over a wide extent of land, several of the old buildings that were on the estate when it was bought for the Colony still remain, among them being "The House of the Elders," which belonged to the Shakers who lived there fifty years ago.

Besides the cottages for the patients, there is the Colonists' Club, which has a membership of 200 male epileptics. The library, contains about 2,000 books. The Peterson Hospital, the "Schuyler" and "Loomis" Infirmary are all nearly perfect in their management. Dr. Spratting, the superintendent, takes the keenest interest in the work of the Colony, and all its inmates. A Training School for

Nurses was established in 1897. The course being two years. This is a great blessing and benefit to the patients, as epilepsy needs special care, and keen observation. Over 1,000 patients find a home at Craig Colony, and yet there is not room for all who seek admission, as it is estimated that there are 14,000 to 15,000 epileptics in New York State.

The Ohio Hospital for Epileptics has the honor of being the first institution of this kind in the States, the cornerstone being laid in 1891, and the hospital opened in 1893. The building is situated on the banks of the Ohio River, at Gallipolis.

The cottages are always full, over 1,000 patients are cared for, and, as in all these homes, the epileptic improves wonderfully under the good, healthy surroundings and proper treatment.

The Pennsylvania Epileptic Hospital and Colony Farm, at Oakbourne, Chester County, is beautifully situated, having over 100 acres of land, with a lovely view on all sides. The Colony Farm was opened in 1898 and has proved a success, for, as in other places, there are more applications than room for patients, and this is not to be wondered at, when relations and friends are relieved of the burden of an afflicted member of their family, while the sufferer is really better cared for and happier than when at home.

New Jersey State Village for Epileptics is at Skillmans, in the Somerset Valley, New Jersey, about fifteen miles from Trenton, and is considered one of the most healthful parts of the State. The institution was opened in 1898, and, having over five hundred acres of land, is an ideal spot. In the buildings everything is up to date, and work is made as easy as possible. Men, women and children are received and cared for in the best way for them. The cottages are all comfortably furnished, and the inmates seem to be happy and contented. The children's house is fitted up

with everything that can improve and help the poor little things who live there.

Emmaus Asylum, near the town of Marthasville, in Missouri, was opened in 1893, the same year as the one at Gallipolis, Ohio. In former days it was an Evangelical Seminary, and now the care and teaching is how best to relieve the weary and heavy laden, suffering in so many cases from no fault of their own. In the little chapel where those who are well enough attend divine service on Sunday is the old seminary bell, well known to all who live near. Connected with Emmaus is St. Charles, on the banks of the Missouri River, about 22 miles from St. Louis. The care and treatment are similar to that at Bethel, in Germany, and the results are very encourag-

Massachusetts Hospital for Epileptics, at Palmer, Mass. This hospital was opened in 1898, and is located in the town of Monson, but close to Palmer, which is the post office address. Here there is a good training school for nurses and a decided improvement in the patients under their care. Palmer is 84 miles from Boston, on the Boston and Albany Railroad.

The Hospital Cottages for Children, at Baldwinville, Mass. This is a charming place for children only, and results show how much can be done if the disease is taken in time. The hospital land is about four hundred acres, and abounds in groves of pine and other trees, so that the children have plenty of room to play. Besides epilepsy, nervous disorders and deformities are taken here. The village of Baldwinville is in Worcester County, Mass.

Silver Cross Home, Port Deposit, Maryland. This is perhaps the smallest home of any, only three acres of land belong to it, and only women and girls are admitted. Situated on a steep hill, overlooking the Susquehanna River, in the little town of Port Deposit, it has one of the most beautiful views to be found anywhere, and watching the excursion boats come up the river from Baltimore is always a pleasure to the patients, as very often their friends and relatives come by boat to see them. The home was opened in 1891, by the King's Daughters of Maryland, and they have done all in their power to make it comfortable in every way, and most of the patients appreciate

their home and all that is done for them. Only sane epileptics are admitted, and the improvement in most of them shows what can be done by quiet, happy homes and watchful care.

The Michigan Home, at Lapeer, Michigan, was opened in 1895, for feeble-minded and epileptic, and, so the story goes, from every State comes the cry for more room and special buildings for the afflicted ones.

The beauty of these homes must be seen to be understood. Everything that is beautiful in nature, joined to the aid of science and skill, is done to make those happy who are suffering from the most mysterious disease known to man.

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#### New Municipal Hospital.

The Eric County Medical Society and the Buffalo Academy of Medicine have petitioned the Common Council for an appropriation of \$250,000 for a municipal hospital for conta gious diseases. They enlisted the assistance of various organizations and a public hearing was held on the afternoon of October 29.

The Buffalo City Federation of Women's Clubs being asked to co-operate, the work was referred to the Municipal Committee, of which Miss Sylveen V. Nye, of the Nurses' Association, is chairman.

Miss Nye immediately communicated with all the women's organizations in the city, not only the thirty-five clubs comprising the Federation, but the Catholic clubs, hospital boards and superintendents of hospitals and other institutions. If numbers count the hospital should be built immediately, as the Council chamber was filled with women. Those speaking for the project were as follows:

#### ORDER OF PROCEDURE.

- r. Opening addresses, Dr. Julius Ullman, Academy of Medicine; Dr. J. D. Bonnar, Eric County Medical Society.
- 2. Demonstration of tack-maps, Dr. Franklin C. Gram, Department of Health.
- 3. Effect upon death rate, number of cases, avoidance of sequelæ, etc., Dr. De Lancey Rochester.
- 4. Plans for such a hospital, its cost, maintenance, attitude of local hospitals regarding contagious wards, Dr. Renwick R. Ross, Superintendent Buffalo General Hospital.
- 5. Statistical reasons why we should have a contagious hospital—letter from Health Com-

missioner Wende. Communication from Board of Health, Dr. Robert F. Sheehan.

6. Mayor J. N. Adam.

7. Buffalo City Federation of Women's Clubs, Dr. Mary Innis Denton, Miss Sylveen V. Nye; Teachers' Association, Dr. Marie Wolcott; Mothers' Club, Mrs. Edward Dold; Women's Physicians' League, Dr. Cora Lattin; Principals' Association, Dr. Adelbert G. Bugbee; Labor and Trades Council, Mr. John Coleman; Italian-American Business Men's Association, Dr. Charles Borzillin; Polish-Americans, Dr. Francis Fronzak.

At the close of the hearing Councilman Haffa offered a resolution directing the Corporation Counsel to prepare an act for introduction in the Legislature authorizing the city to issue \$250,000 in bonds to provide for a site and building. The resolution was adopted.

New Homeopathic Hospital.

The first sod for the new Homeopathic Hospital, Buffalo, which is to be erected at the corner of Linwood and Lafayette avenues, at a cost of \$200,000, was turned on October 21 by Mrs. George Plimpton, president of the Advisory Board. In ten minutes after the ceremony her dainty spade, tied with roses, was replaced by a steam shovel, and the work of excavation was under way. It is expected that the building will be completed a year from next Spring.

The sod-turning began with an invocation by Rev. Edwin H. Dickinson, D. D., pastor of the North Presbyterian Church. Alderman William H. Crosby, president of the Board of Trustees, then presented Mrs. Plimpton with a spade on behalf of the trustees. She also received a tiny shovel, prettily engraved, from the Associate Board, the presentation being made by Mrs. Annie W. Lee.

The New Hospital for Children.

Perhaps no fortune made in Buffalo has ever returned to the city such material benefit as has the Gates property—the three sisters, the late Elizabeth Gates, Mrs. Charles Pardee and Mrs. William Hamlin—joining with their mother in the enormous contributions to the General Hospital, and Mrs. Pardee standing alone in building the beautiful new Children's Hospital in Bryant street, which was opened for inspection on October 21.

The history of the Children's Hospital from

the day of its foundation to the present has been remarkable and unusual in its exhibition of the generosity of women, and in women's devotion to little children. Sixteen years ago the need of a hospital for little children was discussed by a little band of women, and two of them, Miss Martha T. Williams and her mother, Mrs. Harriet Howard Williams, set about meeting that need.

They purchased the property now known as the Old Hospital and put the building in condition by remodeling and rebuilding and donated the free use of it for a children's hospital, a Board of Trustees and managers having organized to manage such an institution. At the death of Mrs. Williams, in 1887, her daughter, Miss Martha Williams, deeded the property to the Board of Trustees, an act of generosity that so long as the Children's Hospital shall stand, will keep green the memory of the mother that has gone, and bless the life of the daughter through the lives of restored health of the hundreds of children, who through all these sixteen years have been benefited in the Children's Hospital.

Science, growth, modern invention and scientific improvements, greater attention to public health, have all worked together in necessitating a larger, more sanitary, more adequate place wherein to care for the afflicted children of the city, and again with no demand upon the public, a woman stepped forward—Mrs. Charles Pardee—and offered to build entirely a Children's Hospital that would in every particular meet all requirements of sanitation, capacity, convenience, comfort and utility. The new building stands on the ground adjoining the Old Hospital lot, in Bryant street and facing Oakland place.

Not only has Mrs. Pardee built the new hospital, but she has finished and furnished it completely, outside of the memorials and specially furnished rooms.

Nothing in the way of scientific apparatus, modern inventions, excellence in ventilation, heating and plumbing, has been omitted throughout in the operating rooms, in the cuisine, the four diet kitchens, the laundry, the baths, toilet rooms—everywhere are the finest and best appliances and conveniences. The nurses' quarters, their dining room, sitting room, the servants' quarters are all constructed and furnished with the intention of making service in the hospital a thing of joy.

## In the Aursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

#### Ohio State Nurses' Association.

The Fifth Annual Meeting of the Ohio State Association of Graduate Nurses was held at Hotel Secor, Toledo, Ohio, October 20 and 21.

There was a very interesting programme, which included addresses by Mr. Brand Whitlock, Mayor of Toledo; Dr. C. N. Smith, President Academy of Medicine, Toledo, and Miss Katherine Mapes, President of the Association.

Reports were read of the International Congress on Tuberculosis, and the Convention of the Nurses' Associated Alumnæ. Present methods of hospital training, special advantages to the pupil nurse and the hospital, as compared with former methods, was presented by Miss Anna Lamson, of Akron. New methods in surgical nursing were told about by Miss Elizabeth N. Ellis, of Cleveland, and new methods in medical nursing by Miss K. Ellison, of Dayton.

A paper on Nursing in Diseases of the Eye and Ear was presented by Miss Florence A. Bishop, of Cincinnati. Red Cross Work and Babies' Dispensaries were other matters of interest presented.

The social features were luncheon at Robinwood Hospital, tea in St. Vincent's Hospital, reception at Hotel Secor, luncheon at Hotel Secor, and reception at Toledo Hospital. Miss Mary E. Pierson, of Columbus, was elected president. The next meeting will be at Columbus in 1909.

#### 4

## The South Carolina State Graduate Nurses' Association.

The second annual meeting of the South Carolina State Graduate Nurses' Association was held in the Columbia Hospital at Columbia, S. C., October 30, 1908.

The session was opened with an address by Dr. Guignard, in which she gave some good advice and words of encouragement to the nurses, urging them to do everything in their

power to raise the standard of the nursing profession.

In the absence of the president, Miss Furman was elected temporary chairman. The minutes of the previous meeting were then read and accepted. There were twenty-two graduate nurses present.

The annual election of officers was held, with the following result:

President, Miss L. V. Jones, of Charleston, S. C.; first vice-president, Miss S. Furman, of Sumter, S. C.; second vice-president, Miss E. C. Lartigne, of Columbia, S. C.; secretary, Miss Lila M. Davis, of Sumter, S. C.; treasurer, Miss Agnes E. Coogan, of Charleston, S. C.

The principal business transacted was the discussion of the bill for State registration of nurses, to be presented at the next session of the Legislature.

Mr. M. L. Smith, a prominent member of the Legislature, who had shown some kindly interest in our behalf, and who had been invited to meet with us to discuss and criticize the proposed bill, was present and discussed the measure freely, giving his advice and opinion. He made many suggestions, and promised not only to present our bill at the next session of the Legislature, but also to do all that he could in favor of its passage. A vote of thanks was then tendered Mr. Smith by the association.

A committee was appointed to meet the members of the Legislature during its session in January. It consists of the president, Miss L. V. Jones, of Charleston, and Misses Lartigne and Seay, of Columbia.

The association was tendered an invitation by the Charleston delegation to hold its next meeting in Charleston, the date of same to be decided later. This invitation was accepted.

There was an intermission for a short while during which quite a delightful luncheon was served and much enjoyed. Upon motion the meeting then adjourned, having been voted by all present as a success in every way.

#### Illinois State Nurses' Association.

The Annual Meeting of the Illinois State Association of Graduate Nurses was held at the Oriental Hall, Masonic Temple, Chicago, Wednesday, November 11, with the following programme: Morning session opened at 10 o'clock. Rev. Caroline Bartlett Crane, paper, "The Need of Nursing in the County Alms Houses." Followed by Miss Julia C. Lathrop. 2 P. M., Business Session. Report of the delegate to the Illinois Federation of Women's Clubs. Report from the State Board of Nurse Examiners. Election of the Association Officers announced. Election of Directors. Question Drawer.



#### Graduate Nurses of Connecticut.

Copy of resolutions adopted by the Graduate Nurses' Association of Connecticut at its quarterly meeting, November 4, 1908:

Whereas, The question of woman suffrage, being a subject beyond the limits of our profession's consideration and a subject on which it has no reason for deliberation or right to an opinion.

Be it resolved; That the Graduate Nurses' Association of Connecticut heartily endorses the action of the Associated Alumnæ of the United States in its refusal to adopt resolutions in favor of woman suffrage. And be it further

Resolved: That this association deprecates any and all attempts to bring any extraneous and unprofessional matter before our nurses' associations for their consideration, approval or acceptance.



#### American National Red Cross.

The annual meeting of the New York County Subdivision of the American National Red Cross was held Wednesday afternoon, October 28, at the residence of the Hon. and Mrs. George B. McClellan, No. 10 Washington Square, New York City.

The discussion centred on the movement of the organization toward the institution of day camps for persons afflicted with tuberculosis. In addition to the other successful camps in this State the society is hopeful of being able to raise \$5,000 for the final establishment of a local camp on the roof of Vanderbilt Clinic and for this and similar purposes will place on sale so-called "Christ-

mas stamps" at one cent each. The sale of these stamps has brought in a considerable revenue in other sections.

Dr. S. A. Knopf pointed out the necessity of night camps to take care principally of tuberculosis patients who lived in congested tenement quarters.

Robert C. Ogden was re-elected president of the organization for the ensuing year; Miss C. S. Leverick, secretary; Jacob H. Schiff, treasurer, and Mrs. Douglas Robinson, Mrs. J. W. Brennan and S. N. Warren, vice-presidents. A surplus of \$542 was reported on hand.



#### Camp Roosevelt.

The regular meeting of Camp Roosevelt will be held on Wednesday, December 2, at No. 596 Lexington avenue, New York, from 2:30 to 5. All Spanish-American War nurses are cordially invited to be present.



#### Boston, Mass.

The thirteenth Annual Meeting of the Massachusetts General Hospital Alumnæ Association was held in the Thayer Library, October 27, 34 members in attendance. After some discussion a motion was made and carried to drop the initiation fee and raise the annual dues to \$2. The election of officers followed: President, Miss Emma A. Anderson; first vice-president, Miss Helen Clair; second vice-president, Alice O. Tippett; treasurer, Miss Annie H. Smith; secretary. Miss Mary L. Cole; auditors, Miss A. McCrea and Miss Helen Finley. The usual social hour followed, Miss Dolliver presiding at the tea table.



#### Waltham, Mass.

At the annual meeting of the Corporation of the Waltham Training School for Nurses on October 14, 1908, the following members of the board of trustees, all of them graduates of the school, were elected members of the Corporation: The Misses Daniels, Fiske, Zwicker, Nicol, Fay, J. A. Briggs, Mrs. Lorin Macdonald and Mrs. Leroy D. Tinker. Seven other graduates not heretofore members of the board of trustees were also elected members of the Corporation, as follows: The Misses Melick, Cameron, Folger, Lee, M. Sanderson, Susie

O'Neil and Mrs. Hagar. Miss Daniels was elected to serve with the officers of the trustees as a member of the executive committee for the ensuing year.

The school committee in Waltham, Mass., has begun the medical inspection of school children this Fall. The schools have been divided into four groups, with a doctor in charge of each group. The offer of the Waltham Training School to provide a nurse for one year free of charge has been accepted and the school nurse entered upon her duties the first of October. On the evening of November 5, Dr. Margaret E. Carley, supervisor of school nurses in Boston, spoke to parents, doctors and nurses at the High School Building in Waltham.

Miss Meda Sanderson, of the class of 1906 of the Waltham Training School for Nurses, nas accepted the position of matron of the Diphtheria Hospital in Cambridge, Mass.

#### + Hartford, Conn.

The thirtieth annual commencement exercises of the Hartford Hospital Training School for Nurses were held at 8 o'clock, October 30, in the South Park Methodist Church, before a large assemblage of interested friends.

After the opening prayer by Rev. Dr. Samuel Hart, Dr. Gurdon W. Russell, for many years a member of the hospital Executive Committee, spoke a few words concerning the growth in size and importance of the school. Dr. Harmon G. Howe, president of the Board of Directors, also spoke of the growth of the school and its added equipment and teaching force.

The special address to the graduating class was given by Miss Clara Noyes, superintendent of St. Luke's Hospital of New Bedford, Mass. "Opportunities and Responsibilities of the Trained Nurse" was the subject.

The presentation of diplomas was made by Dr. W. D. Morgan, chairman of the Executive Committee. The graduates are: Hazel Ballou Twiss, Lucy Agnes Quinlan, Ida Belle Whitbeck, Florence Emily Mac-Kenzie, Julia Johnson, Maud Louise Clark, Lillie Roe Davis, Lavina Elizabeth Embleton, Olive Antoinette Eddy, Louise Maud Pinder, Mazie Keating, Elizabeth Helen Hennessey, Mary Lincoln Streeter, Fthel Soby, Maude Dorcas Minds, Nellie Beatrice Armstrong, Esther Charlotte Johnson, Edith Louise Leonard and Frances Jean Jenkins.

Rev. Elmer A. Dent closed the exercises with prayer and the graduates left the church during the playing of "The National Emblem," by Bagley. Immediately after the close of the programme a reception was given at the Nurses' Residence, at which a large number were present to join in congratulations to the graduates.

### Nurses' Association of Buffalo, New York.

The Homeopathic Hospital nurses had charge of the programme of the November meeting of the Buffalo Nurses Association. Miss Anna Ballantyne, who has charge of the nursing work of Welcome Hall, read a most excellent paper on the subject of district work among the poor. Miss Muriel Pettit had charge of the musical programme and Mrs. Edward Duane Swift gave selections from Riley and a most amusing impersonation of "the friendly visitor to the sick." The latter was of Mrs. Swift's own composition and was suggested to her during a long illness, when well meaning friends would talk of dismal topics and suggest all sorts of calamities, etc.

Mrs. Henry Altman, an honorary member and vice-president of the New York State Trades School for Girls, was present and gave a brief resume of the achievements and possibilities of that institution from its earliest history. Mrs. Altman has been an indefatigable worker for the school and its establishment, and its success is due in no small measure to Mrs. Altman's zeal.

Miss Alice McSwiggan, Mrs. Margaret Dreger, Miss Catherine Cullinane, Miss Lenora Kennely and Miss Margaret Williams were elected to membership.

Delegates to the City Federation of Women's Clubs were elected as 'follows: Miss Nellie Davis, president of the association, delegate ex-officio; Mrs. Jennie T. Anderson; alternate, Miss Carrie Steele.

Miss Jessie Hendry, a graduate of Parkdale Hospital, Toronto, and a post-graduate of the General Memorial Hospital of New York, is now clinic nurse at the German Deaconess Hospital of Buffalo; the head nurses are Miss Elinor Parkinson, a graduate of the Women's Hospital of Detroit, and Miss Alice Brown, a graduate of Pontiac Hospital. The superintendent is Miss Gertrude Breslin.

Miss Katherine Fink, a graduate of Eric County Hospital of Buffalo, has accepted a position in the Cottage State Hospital at Mercer, Pa.

Miss Josephine O'Brien, formerly superintendent of Alden Hospital is clinic nurse at Columbus Hospital, Buffalo.

#### Vassar Hospital Alumnae Notes.

The Alumnæ Association of Vassar Brothers' Hospital gave a Hallowe'en party in the library building on the hospital grounds, Saturday evening, October 31. The rooms were handsomely decorated with Autumn leaves, potted plants and jack-o'-lanterns. The guests came attired as ghosts and witches, of which there were about forty. A musical programme was given by the pupil nurses, after which the usual Hallowe'en games were played. Refreshments were served and dancing was indulged in. The favors varied and created no little fun. All agreed to having spent a most enjoyable evening.

Miss Amy McCreery, R. N., of the first class graduated from our school, returned to Lakewood, N. J., November 1, where she has a position for the Winter at the Lakewood Hotel. She has just finished a post-graduate course in surgical work at the Hill-crest Hospital, Pittsfield, Mass. Previous to that she gave a course of lectures in hydropathy to a class of nurses in the West.

Miss Claribel A. Wheeler, R. N., has accepted the position of supervisor of nurses at Vassar Brothers' Hospital.

Miss Mabel Foutner, R. N., has returned to this city to take up nursing again, after an absence of two years.

Miss Mary E. Still, class '05, has returned from an extended trip in the West. One of her stopping places was Chicago, where she visited her sister, Mrs. Charles Schoonever, formerly Miss Gertrude Still, class 1900. Miss Grace Palen, R. N., left the early part of November for Cumberland, Wis. She expects to stay the Winter.

Miss Leila Bennett, R. N., stopped over a train here recently on her way from New York to Canada.

#### Philadelphia, Pa.

At the end of the Summer term, 1908, seventeen students received their diplomas at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, in the following branches:

In the Swedish system of massage, medical gymnastics, electro and hydro-therapy: Julia Crosby Wight, of New Hamburg, N. Y. (graduate Bellevue Hospital, New York; head nurse of Emergency Hospital, Bellevue; asst. supt. Englewood Hospital, Englewood, N. J.; resident nurse at Wellesley College Hospital, Wellesley, Mass.). Delphina E. Capling, Cannington, Ontario, Canada, (graduate St. Luke's Hospital, Newburgh, N. Y.; resident nurse at Wellesley College Hospital, Wellesley, Mass.). Annie Rebecca Wallace Moore, Collingwood, Ontario, Canada, (graduate Collingwood General and Marine Hospital, member Graduate Nurses Association of Ontario). Myrtle Edith Sherbon, Colfax, Iowa, (Victoria Sanitarium, Colfax, Iowa). Harriet Cleek, Lexington, Kentucky, (graduate Good Samaritan Hospital, Lexington, Kentucky; post-graduate Free Hospital for Women, Brookline, Mass.; head nurse of Infirmary of Eastern Kentucky Asylum for the Insane; head nurse of Dr. Cowan's Private Hospital, Danville, Kentucky; member State Association of Graduate Nurses of Kentucky). Edna M. Zimmerman, Allentown, Pa. Wavie H. Stiles, Sioux City, Iowa, (Samaritan Hospital, Sioux City, Iowa; member of Sioux City Graduate Nurses Association and Iowa State Association of Registered Nurses). Florence Victoria Schell, Wallum Lake, R. I. Westboro Insane Hospital, Westboro, Mass.; Rhode Island State Sanatorium, Wallum Lake, R. I.) Jane A. Harding, Newark, N. J.; Besse Pelton, Mt. Vernon, Ohio; Edward McDonald, Bridgeport, Conn. In the Swedish system of Massage, Medical Gymnastics and Electro-Therapy, Ritie B. Spohr, Hoboken, N. J. In the Swedish system of massage and medical gymnastics, Frances M. Reyner, Ansley, Nebraska.

(Dr. Bailey Sanatorium, Lincoln, Neb.; member Nebraska State Association of Graduate Nurses.) Katherine Fischer, Philadelphia. Stella Marie Waterhouse, Maitland, Florida. (St. Barnabas Hospital, Newark, N. J.; Harris Sanatorium, Orlando, Florida; member of New Jersey State Association of Graduate Nurses.) Mary Ann Nolan, Providence, R. I. (Providence Lying In Hospital, Providence, R. I.) In hydro-therapy, Lidie E. Keffer, Philadelphia.

Columbia, Pa.

A meeting of the graduates of the Columbia Hospital was held Wednesday, August 19, 1908, at that institution, the object being to organize an alumnæ association.

The following were present in person or by proxy: Miss Agnes Aherne, '98; Miss Anna K. Essig, '00; Miss Daisy I. Shutter, '03; Miss Nellie L. P. Lindemuth, '04; Miss Violetta I. Patterson, '04; Miss Rhoda V. Anderson, '05; Miss M. Alice Flory, '05; Miss Marion R. Christman, '07.

The following officers were elected for the ensuing year: President, Miss Nellie Hayes, now Mrs. C. L. Wilts, '97; first vice-president, Miss Agnes Aherne, '98; second vice-president, Miss Nellie F. P. Lindemuth, '04; recording secretary, Miss Rhoda V. Anderson, '05; corresponding secretary, Miss Daisy I. Shutter, '03, and treasurer, Miss Anna K. Essig, '00.

A committee composed of the following was appointed to draw up the constitution and by-laws: Chairman, Miss Daisy I. Shutter, '03; Miss Agnes Aherne, '98; Miss Violetta I. Patterson, '04; Miss M. Alice Flory, '05; Miss Marion Christman, '07.

The honorary members elected were Miss Johnsie W. Kell, Miss Tobey (now Mrs. B. Kauffman), Miss S. E. Conklin and Miss L. G. Townsend.

A communication was read informing the association that the registration of the Training School of the Columbia Hospital has been obtained in the State of New York.

A vote of thanks was tendered Miss Townshend, the superintendent, for the great interest manifested in bringing about the organization of the alumnæ.

The meeting then adjourned to meet in the afternoon of Commencement day.

After refreshments served by Miss Towns-

hend, the members visited the buildings and expressed great interest and pleasure in the nurses' home, which is near completion.

Dayton, Ohio.

On October 14 the opening meeting of the Graduate Nurses' Association of Dayton and vicinity for the year 1908-1909 was held at the Memorial Home of the Miami Valley Hospital. Dr. L. G. Bowers gave a very interesting talk on "Post-operative Care of Abdominal Cases." The different committees presented their reports, showing the work had not been entirely forgotten during the Summer. There was a good attendance. A social hour followed adjournment.

+ Louisville, Ky.

The Alumnæ Association of John N. Norton Memorial Infirmary of Louisville, Ky., held its fourth annual business meeting, Wednesday, October 21, at the Nurses' Home. Twenty-five nurses were present. A successful year was reported with ten new members.

Officers elected were as follows: Miss Anna E. Reice, president; Miss Elizabeth Robertson, first vice-president; Miss Anna Flynn, second vice-president; Miss Ella C. Francis, secretary, and Miss Emma Isaacs, treasurer.

### Des Moines, la.

The first annual banquet of the Alumnæ Association of the Mercy Hospital Training School for Nurses was held on the evening of October 8 at Hotel Chamberlain. The dinner was elaborate in every detail and was served in one of the handsome private dining-rooms. Covers were laid for thirty guests who were seated at tables prettily decorated in pink and green, the class colors. Following the banquet a number of interesting toasts were given and this was followed by a dancing party at the Shrine Temple, in honor of the late graduating class. The hall was elaborately decorated in ferns and pink roses and draperies of pink and green. The frappe bowl was presided over by Mrs. Mary White and Miss Mailander. To the strains of the music afforded by Henry's Orchestra a programme of dances was enjoyed until a late hour, the whole entertainment being one to be remembered.

A bazaar for the benefit of the Visiting Nurses' Association of Des Moines, was held November 4-5. The nurses have been busy since April making needle gifts and useful household articles for sale at this time, and have been quite successful in the undertaking. The Committee of Arrangements were Mrs. J. H. Duro, Misses Campbell, Woods, Bunch, Bristol and Mrs. J. W. Tyrrell.

#### Grand Rapids, Mich.

Hallowe'en night was observed by the nurses of U. B. A. Hospital at their lodge. A masquerade dancing party was made the mode of entertainment, and about fifty couples enjoyed the event.

All the rooms in the lodge were decorated in accordance with the traditions of the holiday. Ferns and flowers predominated in the dancing room, while in the basement, where the refreshments were served, corn, pumpkins and other farm products gave the surroundings a rural touch.

The costumes were arranged principally with a view to the representing of fairies and witches, and offered a wide range of designs. Dancing followed the grand march, and the grotesque appearance presented by the dancers made the affair enjoyable for even those who were not tripping the light fantastic.

The regulation Hallowe'en refreshments were served, and various games, in addition to dancing, were enjoyed. A bevy of pretty nurses, dressed to represent Japanese maidens, formed the Entertainment Committee.

The commencement exercises of the Butterworth Hospital School for Nurses were held in the St. Cecilia Auditorium, Grand Rapids, Mich.

The address was given by the Rev. A. W. Wishart. Mr. Harvey Hollister, acting as chairman, in the absence of Mr. Edward Lowe, president of the Board of Trustees, presented the pins, and Dr. Richard R. Smith presented the diplomas to the graduating class. A delightful musical programme was given. It was a great pleasure to have such a large number of graduates present, wearing their white uniforms and they entered immediately after the pupil nurses.

The following are the names of the graduating class: Blanche Eckardt, Ella May McIntyre, Florence E. Fisher, Annie M. Speers, Nell Wood, M. Sinclaire Redhead, Eva Alice Gregg, Jean M. Clark, Alice M. Stuart, Alfreda M. Galbraith.

The school is under the able supervision of Miss E. G. Flaws.

### Brainerd, Minn.

The seventh annual commencement exercises of the Training School for Nurses of the Brainerd Hospital were held in Elks' Hall on the evening of October 23.

The meeting was called to order by Dr. Walter Courtney. The divine blessing was invoked by Rev. J. R. Alten, the chaplain of the hospital, after which Miss Laura Whitaker, the Superintendent of Nurses, read the report of the school. Dr. W. E. Beebe, of St. Cloud, delivered the address to the class.

The diplomas were presented by W. A. Laidlaw, of St. Paul, secretary of the association, who paid a fine tribute to the work of Dr. Courtney and Miss Whitaker and their assistants in the work of the hospital and training school. In addition to the diploma he presented each member of the class with a class pin, the pin or badge being a gold and enamel reproduction of the Northern Pacific symbol, with the date of the class engraved thereon.

There was also a fine musical programme. The members of the class are Mable Sara Cole, Katherine Pearl Morgan, Chloe Mary Start and Clara Alma Watson.

### Denver, Colo.

The regular monthly meeting of the Colorado Training School Alumnæ was held at the home of Miss L. G. Welch, October 13. Following the business meeting first was a very interesting discussion on obstetrical nursing and the care of children, and then a very pleasant social time was enjoyed by all present. Each guest received a pretty Hallowe'en souvenir.

Miss Luella Fowler, R. N., has resigned her position as superintendent of nurses at the City and County Hospital, Denver, Colo., which she has so efficiently filled for six years. Her associates are sorry to lose her.

Miss Lillian O'Neil, class of 1902, resigned her position from the Visiting Nurses Association of Denver to take up similar work in Old Mexico City. The Alumnæ feels the loss of a good worker.

#### Born.

Mr. and Mrs. Dennis Sullivan, of Hall place, Albany, N. Y., are rejoicing over the birth of a daughter, Margaret Geraldine, born October 3. Mrs. Sullivan was formerly Miss Katherine Phelan, who graduated with the class of 1905, Troy City Hospital.

#### Married.

At Wilmington, N. C., Sept. 30, 1908, Amoret Burriss Canady and Mr. Neill McArtan Davis were united in marriage by Rev. A. D. McClure, D.D., pastor of St. Andrew's Presbyterian Church. Miss Canady is a graduate of the class of 1908, St. Luke's Hospital, Fayetteville, N. C., was once the assistant head nurse of St. Luke's, and holds a diploma for her efficient work from there. Mr. Davis is a business man of Florida, formerly of Fayetteville, N. C. Mr. and Mrs. Davis will make their future home in Florida.

A very pretty wedding took place when Miss Margaret Cahill, a graduate of Hotel Dieu, class of '06, New Orleans, became the wife of Mr. Robert Emmett Tracy. The wedding took place at St. Alphonsus Church, New Orleans, in the presence of a large number of friends. The wedding ceremony was performed by Rev. Father Cahill, brother of the bride.

A large number of costly and beautiful presents were received. After a short wedding trip the couple will make their home in New Orleans, where the groom is a valuable employe in the office of the Ilinois Central Railroad.

Miss Aleen Prince, of Texas, graduate of Charity Hospital, class '07, to Mr. William Cooke, of New Orleans, La. This little romance which ended so happily was begun while Miss Prince was in training and Mr. Cooke a patient in the hospital.

On November 4, at the Hotel Manhattan, New York City, Sabra I. Hunter, class 1902, Metropolitan Training School, Blackwell's Island, N. Y., to Clarence W. Datesman, M. D. The ceremony was performed by the Rev. A. T. Pindell, from Cockeysville, Md.

In Chicago, September 19, 1908, Miss Alicia Kay to Mr. Walter R. Knapp. Miss Kay was of the class of 1902, Mary Thompson Hospital, Chicago, Ill.

#### Personals.

Mrs. M. E. Burns is establishing a nurses' school at Nanking, China. Mrs. Burns is also teaching in three hospitals, giving a lecture daily, besides having a daily supervision of a hospital of 120 patients and a number of outside patients.

Miss Eda M. Lucas, of the Protestant Hospital, Columbus, Ohio, who has been in the Philippine Islands for the past year, has accepted a position as assistant to the Dean of the Young Woman's Dormitory, of the Normal School of the Philippine Islands, at Manila. Miss Lucas has charge of the hospital and teaches Domestic Science three times a week. There are 140 native girls in the Dormitory, forty of whom are studying nursing with a four-year course. The first year is devoted to study, the second to hospital work in the different hospitals of the city, the third and fourth to hospital work and lectures.

Miss Margaret Spohn, one of Des Moines' most prominent nurses, is having a protracted siege of typhoid fever, which she contracted while nursing the disease.

Miss Cora Cole, graduate of Independence State Hospital, now one of the capable registered nurses at Dr. Gushom Hills Sanatorium, Des Moines, Iowa, is spending several months in charge of a patient at Biloxi, Miss.

Miss Eva C. Humphrey, '08, New York City Training School, graduated with honors at the head of her class, and takes the three gold medals which are awarded for general efficiency.

Miss Grace A. Palmer, a graduate of the Muhlenberg Hospital, Plainfield, N. J., and also a graduate in the Swedish system of massage, gymnastics, electro and hydro-therapy at the Pennsylvania Orthopædic Institute and

School of Mechano-Therapy, Philadelphia, has been appointed instructor in massage to the nurses in training at the Northwestern Hospital, of Philadelphia.

Miss Nina White, a recent graduate of the Waltham Training School for Nurses, has accepted the position of head nurse of the contagious ward at the Waltham Hospital.

Dr. Walter S. Cornell and Dr. Howard A. Sutton, assistant demonstrators in anatomy at the University of Pennsylvania, have been engaged by the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, as lecturers in anatomy, physiology and pathology to the nurses taking the courses in massage, gymnastics, electro and hydrotherapy at this institution.

Miss Bertha J. Willoughby, Seeley's Bay, Ontario, Canada, a graduate of the Kingston General Hospital, Kingston, Canada, who has recently been appointed as head nurse of the same hospital, has gone to Philadelphia to take the Fall courses of instruction in the Swedish system of massage and medical gymnastics, electricity and hydro-therapy, at the Pennsylvania Orthopædic Institute and School of Mechano-Therapy.

Miss B. Helena Conlon, of Lexington, Ky., has accepted the position of superintendent of nurses at the Mt. Vernon Hospital, Mt. Vernon, Ill.

Miss Julia Littlefield, class of 1905, Troy City Hospital, is now matron and superintendent of nurses in the Physicians' Hospital, of Schenectady, N. Y.

Miss Effie J. White, of Tipton, Iowa, has accepted a position at the Bay Shore Sanitarium and Hospital, Sturgeon Bay, Wis.

#### Obituary.

The Nurse Alumnæ Association of the Woman's Hospital of Philadelphia learned with sorrow of the death of one of their graduates, Miss Anna Cook, who died July 31, 1908. Miss Cook was an Alumnæ member singularly gifted with great force of character and true Christian principles, one who devoted her life to helping others. She gave to her profession a willing spirit for the ad-

vancement of all pertaining to nursing, and we greatly mourn her loss:

Whereas, It has pleased Our Heavenly Father to take her from us, be it therefore

Resolved, That we as an Alumnæ Association express our deepest sympathy to her family, and be it further

Resolved, That a copy of these resolutions be sent to her family, and recorded in the minutes of our association and sent to the The Trained Nurse.

HELEN F. GREANEY. ANNA M. PETERS. ADA M. ANGLE. Committee.

Philadelphia, Oct. 8, 1908.

Miss Sadie E. Huntoon, graduate nurse, class of 1898, of the Lowell General Hospital, Lowell, Mass., and afterward of the Eye and Ear Infirmary, of Boston, Mass., School of Massage, Boston, Mass., Head Nurse in a private sanatorium, San Antonio, Texas, died after an illness of nearly three years. Miss Huntoon was a capable nurse and esteemed by all who knew her.

At the regular meeting of the Nurses' Alumnæ Association of the Lowell General Hospital the following resolutions were adopted:

Whereas, A wise and just Providence has seen fit to remove from our midst our beloved friend and sister; therefore be it

Resolved, That we, the members of the Alumnæ Association, do herewith express our deepest sorrow and appreciation of her sterling qualities, her genial and loving disposition, and her loyalty to her profession.

Resolved, That we extend to her relatives and friends our deepest sympathy for them in their great affliction.

Resolved, That a copy of these resolutions be sent to her bereaved family, placed on the minutes of this association and published in The Trained Nurse.

MISS MARY REAGAN.
MISS PAMELA S. OUILLETTE.
MRS. W. J. RODDEN.

Suddenly, in the Civil Hospital, Manila, P. I., Edith Mason Loskott, late of the Army Nurse Corps. Her husband and a little son, 2 years and 5 months of age, survive her.

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658 White and Silver, Heavy weight merino 50% wool.	140 White and Silver Heavy weight merino, 85% wool.
Sizes 3-6\$1.35	Sdzes 8-6
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New York

## The Editor's Letter-box

The International Congress on Tuberculosis. To the Editor of The Trained Nurse:

To all of us who have had the privilege of attending the International Tuberculosis Congress at Washington has come a more definite knowledge of the world-wide interest in the dread disease, and the advancement that has been made in the fight against it.

From all over the world have come exhibits showing the active work being carried on in the respective countries, work which may be varied in detail, but fundamentally speaking is the same.

The intense interest in the different sessions, evinced alike by laymen as well as members of the medical profession, shows the eagerness to learn more about this disease which so vitally affects all our lives, and which in time we hope to eradicate through the combined efforts of the Nations.

To all of us, working and striving in the fight against the "White Scourge of the Twentieth Century," so called by Dr. Wallace Hatch, secretary of the Pennsylvania Society for the Prevention of Tuberculosis, in his address at the Social Workers' Session, we find this Congress, and the Exhibit in connection with it, of great impetus to us in the furtherance of this work, and we go back to our respective duties filled with much acquired knowledge, and I fear, also, the feeling of lack of satisfaction in what we ourselves are doing.

Nurses have taken an important part in this gathering. The Nurses' Session, which was held on the morning of October 1, perhaps did more to show the value of the Trained Nurse, both as a social and professional factor in the campaign, than has heretofore been brought before the public.

Many interesting and instructive papers were read by women engaged in sanitarium, district, social and private tuberculosis work. The hours for the session being few, there was hardly time to discuss to any extent the various methods and ideas suggested by the

papers, but a few of them were discussed, and addresses were made by Dr. J. S. Fulton, secretary-general of the Congress, and various other physicians, expressing their appreciation of the nurses' work. Dr. Wm. C. White, of the Pittsburg Tuberculosis League, spoke in a general way of the effective work of trained nurses in the campaign, and particularly of the work of the school nurses of Pittsburg. of which Miss Bertha L. Stark is the head. Miss Stark's work is a valuable lesson to us all, and was most highly commended. In trying to educate the school children to the dangers of tuberculosis and instructing them in the general hygiene of life, she is undoubtedly doing not only the coming generation of Pittsburg an untold good, but also the world in general.

Various visiting nurses' societies entered exhibits in the Department of Health Sections of their States or under a State society, notable ones being New York, Philadelphia, Providence, Baltimore and Boston, all of which showed much careful work and forethought, and illustrates more than anything else the work being done by nurses in this campaign.

The social side of the tuberculosis work has been emphasized at this Congress, and the social development of Nurses' work. This was illustrated by papers read by various women engaged in the social service departments of hospitals and institutions.

The attendance at the exhibit and at the Congress when it was in session has been phenomenal. Owing to the unfinished condition of the Museum there were many complaints as to the housing of the exhibits and the lack of acoustic properties, but on the whole the Congress was more than a success, and the impressions made were of untold good.

The people of Washington gave a great deal of enthusiastic aid and the daily attendance at the Congress, irrespective of the delegates, has been tremendous. The building



was continually crowded with people, eager to learn all they could about the cure and prevention of this disease, which, up to a very short time ago, was deemed incurable.

Wednesday, Thursday and Friday of one week were devoted almost entirely to the school children, who were brought in during school hours as part of their work. Thousands of the upper grades of the Washington schools have been shown the exhibit during the day, and have carried the news into their homes, and in the evening bringing back their parents, that they, too, many see and learn.

Saturday was devoted to the teachers of the same schools, endeavoring to awaken an interest that will apply to teacher and pupil alike.

I am sure that one and all of us who were present at this great gathering returned home more than thankful for the opportunity, and the International Congress will soon become part of the history of the medical world.

The Congress was not devoid of its social side; the evening of September 28 a reception to the members of the Congress was held in the Corcoran Art Galleries, and on the afternoon of October 2 President Roosevelt received the members at a reception at the White House. The following day the President addressed the Congress in the Auditorium of the Museum, expressing his sympathy with the tuberculosis movement, and his appreciation of the great work being done to stamp out and prevent the disease.

The Instructive Visiting Nurses' Society of Washington gave a reception at their Home to the nurses attending the Congress, and the Garfield Hospital did likewise, a few nights later. Altogether it was a busy time, full of interest to us all.

M. JACQUES.

#### In Answer to Criticism.

To the Editor of The Trained Nurse:

I am very glad to receive Miss Ward's criticism of my paper on "Training Nurses for Institutional Work." I do not believe that Miss Ward's views on the question and mine are radically different. Certainly I would be glad to have all capable head nurses command fair salaries, but I have no idea that paying higher salaries would speedily result in filling hospital positions with capable, thoroughly efficient women. If even the head nurses now

in hospital positions were given an opportunity to become familiar with all phases of hospital management it would be a great gain. But they are not and have not been given those opportunities. The point above all other points which I desired to emphasize was that hospitals—the large hospitals—were making a mistake in expending their whole time and energy in fitting nurses for bedside work, and making no provision for training for heads of departments or to fill the vacancies that are constantly arising in the hospital field. further point I tried to make was that there must soon be recognized a line of division between a primary nursing course which fits a nurse to care for the individual patient, and an advanced course which also fits a nurse for executive work. The smaller hospitals can do the former; surely some of the larger hospitals, with their corps of trained workers and splendid facilities, can do that and more.

It may be true, as Miss Ward suggests. that six months is not a sufficiently long postgraduate course to prepare a nurse to take charge of a hospital. Time and experience will have to settle that point, but nurses have taken and are taking charge of hospitals without any training, and even a six months' course would have been a boon to many of us who had to learn every lesson by dear experience. Half a loaf is much better than no bread at all. Further time spent on discussing either the over-training of nurses, or the relative advantages and disadvantages of the two and three-year terms, seems to me under the present conditions a waste of time. That, too, is a question which the hospitals themselves will settle, if given time. All I ask is that the smaller hospitals are not forced by law to give a three-year course, when they are manifestly unable to do it, and that the larger hospitals that do claim to give a threeyear course give something that is more valuable in the third year in the line of training than is given in two-year schools. Many of the large hospitals are well equipped to make a third year valuable, but it is equally true that many of them have failed to do so.

Certainly I have nowhere nor at any time advocated giving nurses "the merest smattering of knowledge." I have pleaded for simplicity and thoroughness, and system, and opposed the attempt to cover so much ground

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that thoroughness becomes an absolute impossibility. I have protested against burdening the pupil nurse with so much that was unnecessary that the real practical essentials which should have been taught thoroughly are crowded out. It may be true, as Miss Ward states, that "high school graduates begin teaching as soon as they get their diplomas," without any instruction in methods of teaching, but this is not true of Canada, where I received my education. In Canada there have been, as long as I can remember, what are called "model schools," and "normal schools,"

which prospective teachers were obliged to attend, before they were permitted by the provincial educational board to teach. There are many nurse superintendents who have been teaching for years, who would gladly avail themselves of some instruction in methods of teaching and class-room management, and I still think the inexperienced nurse gradate would make a more efficient head nurse if she were instructed in some of the foundation principles of teaching.

CHARLOTTE A. AIKENS.

#### Graduate Nurses' Association of Pennsylvania.

Philadelphia.

The sixth annual meeting of the Graduate Nurses' Association of Pennsylvania was held October 14, 15 and 16, in the College of Physicians and Surgeons, Philadelphia. Miss Roberta M. West presided, and the Rev. Dr. Turnbull opened the meeting with prayer.

The programme consisted of addresses of welcome, the President's annual address and the second day was given up to addresses and discussion on State registration and how to obtain it. On Friday Miss Stanly gave a very interesting account of the school nurses work. Miss Hottstetter gave some very interesting information concerning dispensary tubercular work. Mr. Steinmetz, of the Red Cross Society, also gave a brief address.

Miss West, president, in reviewing the work of the past year, pointed to "The Quarterly," our own official organ. In this magazine will be published our meetings and other items of interest to Pennsylvania nurses. Mrs. M. I. Moyer, business manager, Stratford, Pa., is ready to receive subscriptions, at the rate of one dollar per year.

Miss West urged upon the members that each one should try to aid the Legislative Committee in bringing our bill to the notice of physicians and legislators, explaining its objects and influencing them to take an interest in the passage of the same. Work in other lines has been for the present laid aside, and great effort is being made to secure the passage of our bill at the next meeting of the Legislature. To this end Miss Ida F. Giles was appointed Field Secretary to stump the State in the interest of our bill, meeting the medical societies and getting their endorsement, explaining the true meaning of our bill to politicians.

The old officers with two new directors were elected to serve the ensuing year as follows: President, Miss Roberta M. West; first vice-president, Miss Elizabeth B. Reid; second vice-president, Miss Lydia A. Giberson; secretary, Miss Annie C. Nedwill; treasurer, Mr. William R. McNaughton; directors, Miss Nellie Cummuskie, Miss Ida F. Giles, Miss Caroline V. Perkins and Mrs. M. I. Moyer.

Wednesday evening the Medico-Chirurgical Hospital entertained, and on Thursday tea was served at the Nurses' Home of the Philadelphia Hospital (Blockley). The luncheons served by the Arrangement Committee were very much appreciated.

On Friday afternoon the meeting adjourned to meet in Williamsport the third week in April, 1909.

Secretary.



### Feeding for Operations

In surgical operations which require prompt and immediate action, there is no opportunity to prepare the patient, except as to the toilet which may be more or less imperfect for want of time.

Most operations, however, may be delayed until the patient has had time to build up for the ordeal. This "building up" process is a highly desirable requirement when time is available.

It is especially so in major operations on nervous women, and when the preliminary feeding of the patient is properly carried out the operation itself is more likely to be successful, and in some instances may be modified or found unnecessary.

There is probably no prepared food on the market so well adapted to the requirements of the patient who is to be operated on as grape-nuts. This food is in a class by itself. It is a perfectly **sterilized food**, since it is thoroughly baked, first in loaves, afterwards **sliced**, and again toasted from 12 to 16 hours, so that continuous heat at 200 degrees Fahr. reaches every particle of the food before being ground into the commercial granules.

Grape-nuts, made of whole wheat and barley (malted) contains all the nutritive elements of the cereals, and has a large proportion of the starch converted into dextrin and grape-sugar. The Canadian Government analysis shows 49.5% of this entire food as soluble in cold water, and time of complete digestion, one hour.

With cream, grape-nuts is an ideal food for patients preparing to undergo operation, as it is so easily and promptly absorbed that it conserves the patient's strength by assisting tissue metabolism in supplying the natural elements for tissue repair and the storing of energy with the least possible tax upon the digestive organs.

The "Clinical Record" and Dietetic Remembrancer, prepared specially for physicians, also sample box of grape-nuts, will be sent, free of charge and prepaid, to any physician who has not already received a copy of the Record, and who desires to make special tests of this food in his practice.

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### Book Reviews

Obstetrics for Nurses. By Joseph B. De Lee, M. D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third Revised Edition. 12mo of 512 pages, fully illustrated. Cloth, \$2.50 net.

It is always a pleasure to see a really good or useful thing appreciated. It is therefore pleasing to note that a third edition of De Lee's Obstetrics has been found necessary.

As the first edition did not appear until March, 1904, the fact that an expensive book of this kind should need two more editions before the end of 1008 speaks more eloquently of its value than anything we could say. The book has been entirely revised and improved, although the last edition was so up-to-date that little addition was possible.

Although rather an expensive book for the professional nurse, still it is an economy in the long run, for, so far as we know, it is the best on this subject.

Practical Points in Anesthesia. By Frederick-Emil Neef, B.S., B.L., M.L., M.D., New York. Price Semi-De Luxe Cloth, 60 cents. postpaid. Library. De Luxe Ooze Flexible Leather, \$1.50, postpaid. For sale by Lakeside Publishing Co.

This practical monograph presents the author's impressions on the correct use of chloroform, ether, etc., and is a simple and coherent working method, and is of particular value to those general practitioners who are so situated that the services of a trained anesthetist cannot be secured. But although written primarily for the general practitioner, it is of equal value to all trained nurses who administer anesthetics, and it is a good book for every nurse to read, for one may be called upon in some emergency at any time. Among the subjects covered are: Induction of Anesthesia, Cardiac and Respiratory Collapse, When Shall the Patient Be Declared Ready

for Operation, Maintenance of the Surgical Anesthesia, Important Reflexes, Vomiting During Anesthesia. Obstructed Breathing, Use of the Breathing Tube, Indications for Stimulation, Influence of Morphine on Narcosis, General Course of Anesthesia, Awakening, Recession of Tongue after Narcosis, Post-Operative Distress, Minor Anesthesia with Ethyl Chloride, Intubation Anesthesia, etc., etc.

This extremely practical and useful book is condensed to about fifty pages, but every page is replete with valuable data. Printed upon heavy India Tint Special Cheltenham paper with Cheltenham type, with marginal headings in contrasting colored ink.

Observation of Symptoms, By Alfred T. Hawes, M.D., author of "Talks to First Year Nurses."

The observation of symptoms is an important part of the work of a trained nurse. A patient left in her care may be found in a serious condition because the nurse has failed to notice the symptoms of a beginning complication.

In this book the symptoms are given that may be observed by the nurse in her daily care of her patients. In order to fix a symptom in the nurse's memory, each is followed by a list of the diseases in which it is commonly found.

The arrangement is to be highly commended. It starts with temperature and is followed by pulse, respiration, digestive system, urine, skin, general observation of the patient, pain, nervous system, co-ordination of muscles, eye, ear and nose.

The book is valuable for pupil nurses in hospitals, and it will also be very useful for graduate nurses to take on their cases as a ready book of reference. The profession has long needed a book of this kind.



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#### In the Aursing World—Continued

#### Spanish-American War Nurses.

A card party was given at Fort Hamilton United States Military Reservation, Fort Hamilton, N. Y., on Wednesday, October 21, under the auspices of Mrs. Henry Hunt Ludlow, president of S. A. W. N., and Miss M. Antoinette Gelston, for the benefit of "Camp Roosevelt," S. A. W. N., of New York City.

Miss Alice P. Lyon, of that "camp," was treasurer, and actively contributed to the success of the entertainment, which netted \$113.25, to be set aside toward an entertainment fund for the tenth annual, which will be held in New York City in September, 1909.

There was a good attendance from Brooklyn and the vicinity of Fort Hamilton, with quite a number from Manhattan. In spite of the threatening weather in the morning, the day was fine.

The majority of those who attended remained for the dress parade, which took place at 5 P. M.

Numerous requests have been made to Mrs. Ludlow to repeat the affair at an early date, which speaks well for the success of the afternoon.

#### New Haven, Conn.

The regular monthly meeting of the Connecticut Training School for Nurses Alumnae Association was held at the nurses' dormitory Nov. 5, 1908. Meeting called to order at 3:20 p. m.

Minutes of previous meeting read and accepted.

Miss Anna F. Ennis and Mrs. J. L. Patterson Bassett were admitted as members.

The following were appointed members of the Executive Committee: Mrs. M. J. C. Smith, Miss Lanfore, Miss Payne, Miss Mary Lewis.

Circular letter from Miss Lavina L. Dick, relating to the action the Associated Alumnae of the United States took in regard to woman suffrage, read.

The following resolutions were passed:

Whereas, The question of woman suffrage being a subject beyond the limits of our profession's consideration, and a subject on which it has no reason for deliberation or right to an opinion, be it

Resolved, That the Alumnae Association of the Connecticut Training School for Nurses heartily endorse the action of the Associated Alumnae of the United States in its refusal to adopt resolutions in favor of woman suffrage. And be it further

Resolved, That this association deprecates any and all attempts to bring any extraneous and unprofessional matter before our nurses associations for their consideration, approval or acceptance.

No further business. Meeting adjourned.

#### Cleveland, Ohio.

The St. Clair Hospital Nurses' Alumnae Association gave an afternoon tea November 5, 1908, in the parlors of the hospital, with the members of the 1908 graduating class—the Misses Teresa J. Stimson, Julia L. Jaeger and Nancy E. Walker, as guests of honor. The hospital's Lady Board of Managers were also guests.

In the evening the alumnae held a short business meeting and admitted the 1908 graduates to membership. Following are the officers of the alumnae: President, Mrs. Mary Altringer; vice-president, Miss Nellie Ruff; recording secretary, Miss Alice Kirby; corresponding secretary, Miss Grace Colegrove; treasurer, Miss Kathleen Hamilton.

#### Brooklyn, N. Y.

At the October meeting of the Alumnae Association of the Methodist Episcopal Hospital Training School of Brooklyn, N. Y., \$5,000 was handed over to the Board of Managers, being the first payment of the \$20,000 required to endow a room in the hospital for sick nurses. This sum of money has been raised entirely by the Alumnae Association, and represents considerable hard work and self denial on the part of the nurses.

Dr. Kayanagh, the superintendent of the hospital, was present at the meeting, and assured the Alumnae Association of the appreciation and support of the board, which in the near future may take a more tangible form.

## The Allenburys Foods.

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#### The "Allenburys" Milk Food "No. 1"

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Designed for use after the fifth or sixth month, is a partially predigested farinaceous food needing the addition of cows' milk to prepare it for use.

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If your patient is in a Gorham Invalid Bed, he will not mind the changing of bed linen. He can recline at any angle on an inclined couch—and may sit erect in the normal position for all evacuations, or be placed sitting before a window for diversion.

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Resinol Soap can be used on the youngest infant and makes a delightfully pleasant and antiseptic addition to the baby's bath. It prevents and acts beneficially on milk crust, scald head, incipient eczema, intertrigo or chafing, and keeps the skin sweet, soft and healthy.

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The convalescent period after typhoid fever is always a trying one. Weakened functions must be coaxed back to normal activity, and every effort made to promote proper nutrition. For many years Gray's Glycerine Tonic Comp. has enjoyed the confidence of the medical profession as a most efficient and satisfactory reconstructive for aiding convalescence.

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#### The Dairy Lunch.

The Dairy Lunch meant milk and bread, But Hansen's Junkets now are spread Before your wondering eyes instead; Purple, orange, pink and green, Toppling o'er with foaming cream, Not too heavy, not too light, Serve the purpose, are just right, Lunchers' comfort, don't you see, Happy change for you and me.

#### A Satisfactory Breast Pump.

The Churchill Drug Company, of Cedar Rapids, Iowa, write us that a striking feature of the many letters received from nurses in response to their advertisement in this journal is the frequent reference to the unsatisfactory character of the old style breast pumps. Their imperfections have been overcome in the Hoover Pump, which applies the pressure under perfect control. This makes it a thoroughly satisfactory pump.

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### The Dangers of Cow's Milk

HE recent epidemic of Scarlet Fever in Chicago has awakened the whole country to the grave danger lurking in the Milk Supply of our large cities. Wherever milk is used that has not been properly safeguarded from the cow to the consumer, the infant mortality will always be high.

Coincident with the Chicago Epidemic there comes a Report of the British Royal Commission on Tuberculosis. After five years' investigation, the Commission confirms the theory of Von Behring, that the tuberculosis of cows is a constant menace to the human race, and that consumption developed in later life has often been contracted in infancy from tuberculous milk.

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does not require the addition of milk in preparing it for use, as it is a complete diet in itself. The basis of Nestle's Food is cow's mfik, so treated and modified that it will be easily digested, and will resemble mother's milk in its composi-tion, as closely as possible. The milk supplied to the Nestle Factories is collected under the most rigid precautions, from cows that are under the constant supervision of the Company's Veterinarians. Furthermore, the process of manufacture completely sterilizes the milk. This is fully set forth in our pamphlet, "Recent Work in Infant Feeding." A copy of this, with samples of Nestle's Food, we will be glad to send to any physician.

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M. TH. H. KOEPPEN, (Universities of Jena and Leipzig, Germany, Penna. Orthopaedic Institute.

HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).

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As milk is frequently insisted upon as an important addition to the dietary of Tuberculous patients, of late years Horlick's Malted Milk has been used with much satisfaction in many cases when raw milk would not be tolerated. Horlick's Malted Milk is a better balanced food for the consumptive than ordinary milk; is easier assimilated, and is more efficient in the upbuilding of wasted tissue.



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Oxolint is a new linen absorbent prepared by the Oxford Linen Mills, of North Brookfield, Mass., that bids fair to supply the long looked-for "ideal dressing." Large quantities are now being furnished to hospitals and the drug trade, the Company reporting orders in excess of its present manufacturing capacity. Test samples will be sent free to members of the profession who apply to the Company at North Brookfield, Mass.



#### Always Up-to-Date.

It might be of interest to our readers to learn that Mr. Max J. Walter, superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, has recently returned from an extended trip through the leading medical centres of Europe for the purpose of investigating the latest methods used abroad in the mechanical treatment of diseases, and under the guidance of the medical directors in charge, he has tried to make himself familiar with whatever he found of interest to incorporate in the me-

chanical measures used in the Philadelphia institution.

New apparatus has been purchased abroad and will be installed in the above institution upon its arrival in this country. Any of our readers interested in Mechano-Therapy might write to the institution for information.

#### Of the Highest Usefulness.

Dear Mr. Minor:-

Believe me, I am glad to hereby testify to the usefulness of your Triton Bath Salts for the Nauheim Treatment. They are of highest usefulness to my patients, who through their aid are at home able to realize all the benefits to be obtained by the visit to Nauheim itself; often a most difficult visit for those who most need this treatment which you have so satisfactorily placed at their disposal.

Very truly yours,

(Signed) CALVIN S. MAY, 57th St. and 7th Avenue, New York

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#### After Bi-Chloride.

Oskaloosa, Iowa,

Ogden & Shimer, Chemists,

Middletown, N. Y.

Sirs—Enclosed find 50c, for which please send me two jars of your Mystic Cream. I have used one jar and find I cannot find anything to take its place. I am a trained nurse and it certainly helps my hands after I use Bi-Chloride.

MISS ELEANOR GILCHRIST.



#### Anemia and Catarrh.

Attention should be directed immediately to improving the quality of the blood and thus increase the general vitality. For this purpose vigorous tonics and hematics are desirable and Pepto-Mangan (Gude) will be found especially useful. Through the agency of this eligible preparation, the blood is rapidly improved, the organs and tissues become properly nourished and accordingly resume their different functions.



#### Dysmenorrhoea.

In most cases where the neuralgic form is presented there is anemia, and no relief will be secured till this factor is overcome. Iron in some available form must, therefore, be given. During the period of menstruation



The package of the genuine bears this signature

Kollogg



the administration of antikamnia and codeine tablets in doses of two tablets every two hours, will relieve the pain. If these tablets are given at the beginning of the attack, we can often entirely prevent pain."

SOLOMON HENRY SECOY, M. D. Jeffersonville, Ind.

#### A Quick Recovery.

"I used Unguentine on an infected sore from a second degree burn of about two weeks' standing. I was called on the 12th day; found child with temperature of 105 degrees. Gave remedy to reduce, cleansed wound with Peroxide Hydrogen, applied half of the tube of Unguentine as directed. Called next day at 12 o'clock. Child was up eating, had slept all night, got up singing; wound healed as if by magic."

J. E. Stephenson, M. D.

#### Antiseptic Treatment of Dysentery.

Dysentery is a local disease—inflammation of the lower bowel. Its rational treatment is by the most convenient route—by antiseptic high irrigation per rectum. The best agent for this purpose is a hot, copious, mild solution of Tyree's Antiseptic Powder. This should be repeated at frequent intervals, governed by the severity of the case. Sample sent upon request.

J. S. TYREE, Chemist, Washington, D. C.

#### Nerve Diseases.

Dr. C. N. Udell, of Valparaiso, Ind., says of Daniel's Concentrated Tincture Passiflora Incarnata: "Some years ago I found Passiflora a valuable remedy in cases of nerve tension, insomnia and those cases bordering on insanity. The trouble has been to obtain a reliable preparation made from the green root. From my experience with your preparation I unqualifiedly pronounce it the ideal one, giving to physicians a sedative that will not disappoint. I expect to use it wherever opportunity offers."

Hamamelis Virginica.

Over sixty years ago the Pond's Extract Company began the preparation of Pond's Extract, selecting therefor the best and most luxuriant growths of the shrub at the season of the year when richest in extractive material, and perfecting a process whereby an extract of uniform strength and efficiency was produced.

As a consequence, during all of these years Pond's Extract has been the standard product of its class, and its purity, unvarying quality and reliable remedial action have created a well-grounded confidence that has naturally led to its preferment by the medical profession.

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#### For Nurses Who Have Indigestion.

The keeping up of one's health is due largely to the ability of converting the food eaten into proper nutriment for cell assimilation. Those who have had attacks of indigestion know that they cannot do the work as well then. If you have any indigestion, or inability to properly absorb nourishment, ask your physician what he thinks of Peptenzyme, and, if he says so, write to Reed & Carnrick, 42-44-46 Germania avenue, Jersey City, N. J., and they will gladly send you a sample for your own use.

Peptenzyme differs from all other digestants, consequently is used by doctors in their severer cases, not only to tide over acute attacks of indigestion, but to build up normal digestion and effect a complete cure.

#### The Nurses' Outfitting Company

The Nurses Outfitting Company has been established to supply to trained nurses within its reach anything and everything that their profession demands in the line of wearing apparel. This is our specialty; we do nothing else, and our constantly increasing business is proof in itself of the need which there is for a reliable, up-to-date garment-making workshop for trained nurses. Send for our interesting illustrated booklet, entitled "Are You a Trained Nurse?" The Nurses' Outfitting Company, 37 Randolph street, Chicago, Ill.

#### Vibratory Massage.

There is no specialty to-day in the practice of medicine in which Vibratory Massage may not be advantageously employed. Physicians and nurses who have used this method for any considerable time are unanimous in their praise of satisfactory results obtained. Vibratory stimulation is direct, agreeable and cer-

### **Junket**

Makes an ideal food for invalids and healthy people of all ages. The tablets are indispensable in the preparation of whey, modified or humanized milk for the baby. Children cry for Junket pudding, invalids, dyspeptics and convalescents enjoy it, and Junket is the comfort of old age. Milk is the only perfect food, and Junket is the best form in which to take it.

One Junket tablet to a quart of milk.

10 Junket Tablets, in a package.....10c
100 Junket Tablets, in a package.....75c
At all grocers and druggists.

Write us for a copy of the pamphlet entitled "Junket in Dietetics." We send it free to any nurse.

CHR. HANSEN'S LABORATORY
Box 1706 Little Falls, N. Y.

# The Nauheim Baths are given by means of the

# TRITON Bath Salts

The preparation of an artificial Nauheim Bath surcharging the water with carbon dioxide by adding to a tub of water a package of Triton Salts is simple to the last degree. We shall be glad to send literature and manual of the Nauheim Treatment on request.

Schieffelin & Co.

Sole Licensees and Sole Agents

### GASTRIC INSUFFICIENCY

is a constant symptom of failing vitality.

The potent influence of

### Gray's Glycerine Tonic Comp.

In rapidly restoring the digestive function well indicates its remarkable capacity for increasing general bodily vigor.

Thousands of earnest capable physicians know and appreciate the reconstructive properties of this effective tonic.

THE PURDUE FREDERICK COMPANY
298 BROADWAY, NEW YORK

tain of remedial results. It abolishes pain by restoring to a normal state the disordered conditions which are responsible for its existence, and strengthens the organs involved. See the advertisement of the Shelton Electric Company in this issue.

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#### The Justrite Sanitary Waste Pail.

The most practical and convenient receptacle of the kind ever placed on the market.

The distinctive feature is the patented foot lever opening device, which acts also as a handle in carrying the pail as any ordinary receptacle, and when down acts as a lever for raising the cover by foot pressure, obviating the necessity of bringing the hands in contact with septic surfaces. As soon as the foot is removed, the cover automatically closes the pail. It is a receptacle to hold all forms of septic material, and a necessity in the dressing and operating rooms, where refuse containing infective germs can safely be stored where it will not be brought in contact with the air, clothes and dressings and the septic substances can be safely taken from the room and disposed of. It is receiving the highest commendations from physicians, surgeons and public institutions throughout the United States.

#### Knowledge is Power.

Physicians and nurses are naturally interested in the claims advanced for the various types of infants' food now on the market, and it is of course evident that the more one knows about the advantages of the several kinds, the easier it is to determine which is the best.

Many prominent physicians and nurses have pronounced Eskay's Food "the most economical and effective modifier of cows' milk," and the reasons for their belief are attractively set forth in a handsomely illustrated book, entitled "How to Care for the Baby," a cloth-bound copy of which will be sent free to any address on request, together with samples of Eskay's Food for trial purposes.

A post card addressed to the makers of Eskay's Food, the Smith, Kline & French Co., 436 Arch street, Philadelphia, will bring a copy by return mail, prepaid.

The booklet discusses such vitally important subjects as:

"When the Baby Comes," "What to Feed,"
"How to Feed," "When to Feed," "Growth
and Development," "Abnormal Conditions,"
"Breast Milk and Weaning," "Bathing the
Baby," "How to Clothe the Baby" and "The
Hygiene of the Baby's Home." There are also
several pages devoted to "Baby's Record."

#### How to Take Cod Liver Oil.

Nearly every one knows that when they are thin there is no remedy in the world equal to cod liver oil to make them fleshy. there is nothing against which they rebel more promptly. There were a great many ways recommended for making cod liver oil pleasant. Among these we would mention placing a pinch of salt in the mouth before and after taking the dose of oil. Syrup of bitter orange peel was also recommended. But now all this is unnecessary. Science has found a way of making cod liver oil not only pleasant to take, but easy to digest. Messrs. Scott & Bowne have brought this science to perfection in their Scott's Emulsion, which is cod liver oil free from disagreeable odor and taste, and already partly digested.

#### Diet in Typhoid Fever.

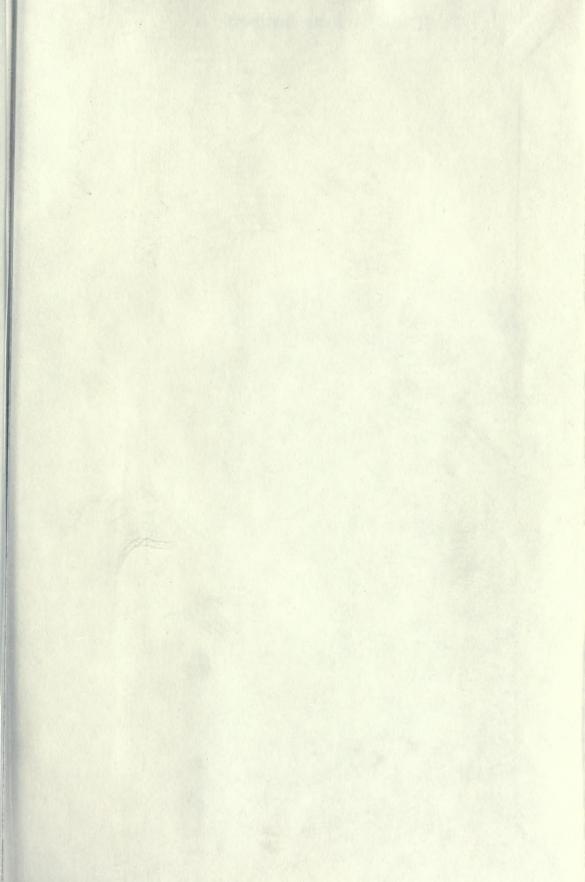
The immense advantages of milk in the treatment of typhoid as a food carrier, the ease with which it is assimilated with small expenditure of energy, and its restraining influence on putrefactive action in the intestines are very necessary considerations during the extreme exhaustion following hyperpyrexia. These advantages, however, are to some extent negated by the intolerance of so many patients to its use and the difficulty experienced by many in its assimilation.

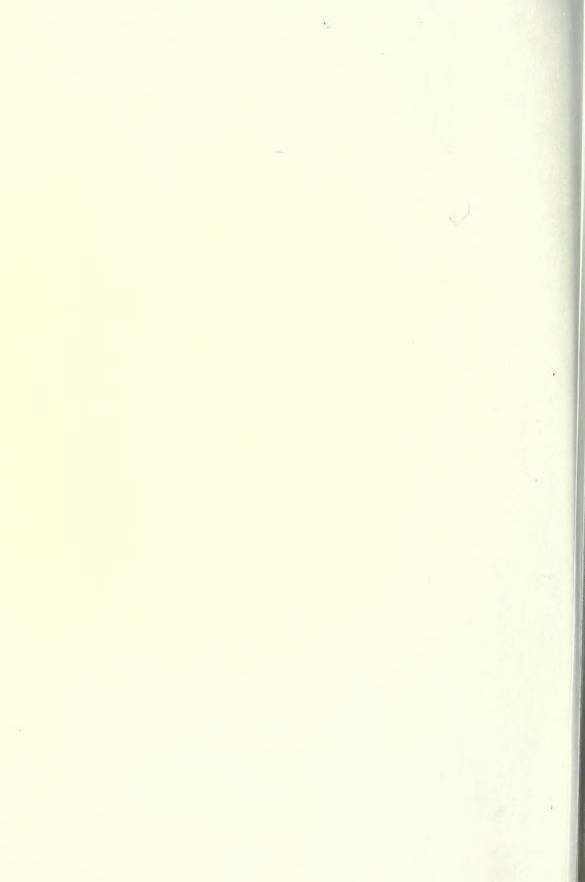
The use of Benger's Food comes as a welcome solution. It is a pancreatized cereal milk modifier, containing the enzymes Amylopsin and Trypsin, by means of which the starch in the flour is converted into dextrins and part of the casein into soluble peptones, the remainder being so modified as to precipitate in fine floculae, as in human milk.

Striking results of its use during the Boer War, where it was routine treatment in the Military Field Hospitals for enteric fever and dysentery, are borne out by the authorities. Dr. W. Gilman Thompson speaks well of Benger's Food as being palatable, nourishing and digestible.









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Biological & Medical Serials The Trained nurse and hospital review

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